FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000101260

1. Corporation Name

CAM ENTEDDRICES INC

FILED Mar 06, 1999 8:00 am Secretary of State

03-06-1999 90106 016 ***150.00

GRIVI EN	TENTINOES, INC.							
Principal Place	of Business	Mailing Address				I (BBI(BBI III INII ANII ANII ANII ANII		1111 3411 1441
204 CASCADE STREET		204 CASCADE STREET						
		PANAMA CITY FL 32405	AMA CITY FL 32405			DO NOT WRITE IN THIS	SDACE	
						3. Date Incorporated or Qualifed	SPACE	
						12/01/1996	,	
		2. Malling Addrona				12/01/1990 4. FEI Number	T Apr	olied For
	ace of Business	2a. Mailing Address				59-3415213	<u> </u>	Applicable
21	#	Suite, Apt. #, etc.					\$8.75 A	
Suite, Apt.	#, etc.				_	5. Certificate of Status Desired	Fee Rec	
City & State		City & State				6. Election Campaign Financing	\$5.00 1	May Re
} - ¬ ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '		28	¬ ´			Trust Fund Contribution	Added to	
Zip	Country Zip			ntry		8. This corporation owes the current year Int	angible	
24	25	29	30	-		Personal Property Tax.		□No
24	9. Name and Address of Curre					10. Name and Address of New Registered	Agent	
				81	Name			ĺ
CAIN	I, JO ANN M			82	Chan at Address	ess (P.O. Box Number is Not Acceptable)		
204	CASCADE STREET			02	Street Addre	ess (P.O. Box Number is Not Acceptable)		-
PANA	AMA CITY FL 32405			83				
Ì							Jan 77 0	
				84	City	FL	85 Zip C	ode
11 Dureupat	to the provisions of Sections 607.05	02 and 607.1508. Florida Statut	es, the al	bove-	-named corpo	pration submits this statement for the number of	changing its	egistered
office or re	egistered agent or both in the State	- of Florida. Such change was a	uthori <i>ze</i> d	i by t	he corporation	n's board of directors. I hereby accept the appoint	ntment as reg	istered
agent. I au	m familiar with, and accept the oblig	ations of, Section 607.0505, Fig	nda Stati	utes.				
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable (NOTE	· Registered	Agent	signature required	when reinstating) DATE		——
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTOR	RS IN 12
TITLE	Ö	☐ DELETE	1.1 111	ΠE			Change	Addition
NAME	CAIN, MICHAEL M		1.2 N	ME				
STREET ADDRESS	204 CASCADE STREET		1.3 ST	REET	ADDRESS			1
CITY-ST-ZIP	PANAMA CITY FL 32405		14 C	TY-ST-	-7IP			- 1
TITLE	D	☐ DELETE	2.1 11				☐ Change	Addition
NAME	MCDONALD, GLENN D		2.2 NA	ME			- Outraings	□
STREET ADDRESS	10030 KLEPPEL ROAD				ŧ		- Cuango	
	TOMBALL TX 77375		23.51		ADDRESS		□ ouen-go	
CITY-ST-ZIP				rreet.	ADDRESS		- Guranĝo	, reasses
1 """		(DELETE	2.4 C	TREET			Change -	Addition
I MANG	D	C DELETE	2.4 C	TREET I				
NAME OTDEET ADDRESS	D CAIN, JO ANN M	☐ DELETE	2.4 C 3.1 TI 3.2 N	TREET AME	r-ZIP			
STREET ADDRESS	D CAIN, JO ANN M 204 CASCADE STREET	☐ DELETE	2.4 C 3.1 TI 3.2 N 3.3 ST	TREET AME	r-ZIP ADDRESS			
STREET ADDRESS CITY-ST-ZIP	D CAIN, JO ANN M 204 CASCADE STREET PANAMA CITY FL 32405		2. 4 C 3.1 Tt 3.2 N/ 3.3 ST 3.4. C	TREET	r-ZIP ADDRESS	,		
STREET ADDRESS	D CAIN, JO ANN M 204 CASCADE STREET PANAMA CITY FL 32405 D	☐ DELETE	2.4 C 3.1 W 3.2 N 3.3 S1 3.4. C 4.1 Tl	TREET	r-ZIP ADDRESS		Change Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME	D CAIN, JO ANN M 204 CASCADE STREET PANAMA CITY FL 32405 D MCDONALD, JOAN M		2.4 C 3.1 W 3.2 N 3.3 ST 3.4. C 4.1 TT 4. 2 N	TREET AME TREET AME TREET ATTLE TILE TAME	ADDRESS F-ZIP		Change Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	D CAIN, JO ANN M 204 CASCADE STREET PANAMA CITY FL 32405 D MCDONALD, JOAN M 10030 KLEPPEL		2.4 C 3.1 TI 3.2 N/ 3.3 ST 3.4. C 4.1 TI 4. 2 N/ 4.3 ST	TREET, TLE AME TREET, TTLE AME TREET, TLE AME	ADDRESS 1-ZIP ADDRESS		Change Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAIN, JO ANN M 204 CASCADE STREET PANAMA CITY FL 32405 D MCDONALD, JOAN M	☐ DELETE	2.4 C 3.1 W 3.2 N 3.3 S1 3.4 C 4.1 TT 4. 2 N 4.3 S1 4.4 CI	TREET, TLE TREET, TTY-ST TLE TREET, TLE TREET, TTY-ST	ADDRESS 1-ZIP ADDRESS		Change Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	D CAIN, JO ANN M 204 CASCADE STREET PANAMA CITY FL 32405 D MCDONALD, JOAN M 10030 KLEPPEL		2.4 C 3.1 TT 3.2 N 3.3 S1 3.4 C 4.1 TT 4.2 N 4.3 S1 4.4 CI 5 1 TT	TREET AME	ADDRESS 1-ZIP ADDRESS		Change	Addition Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	D CAIN, JO ANN M 204 CASCADE STREET PANAMA CITY FL 32405 D MCDONALD, JOAN M 10030 KLEPPEL	☐ DELETE	2.4 C	TREET AME TILE TAME TILE TAME TREET AME TREET AME TREET AME TAME TAME	ADDRESS 1-ZIP ADDRESS		Change	Addition Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	D CAIN, JO ANN M 204 CASCADE STREET PANAMA CITY FL 32405 D MCDONALD, JOAN M 10030 KLEPPEL	☐ DELETE	2.4 C 3.1 W 3.2 N 3.3 S1 3.4. C 4.1 TI 4. 2 N 4.3 S1 4.4 CI 5.1 TI 5.2 N 5.3 S1	TREET, TILE TAME TREET, TILE TAME TREET, TILE TREET, TILE TAME TREET, TILE TAME TREET, TILE TAME	ADDRESS 1- ZIP ADDRESS -ZIP ADDRESS		Change	Addition Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAIN, JO ANN M 204 CASCADE STREET PANAMA CITY FL 32405 D MCDONALD, JOAN M 10030 KLEPPEL	☐ DELETE	2. 4 C 3.1 TT 3.2 NV 3.3 S1 3.4. C 4.1 TT 4. 2 N 4.3 S1 4.4 CI 5.1 TT 5.2 NV 5.3 S1 5.4 CI	TREET, TILE TAME TREET, TILE TAME TREET, TILE TAME TILE TAME TILE TAME TILE TILE TILE TILE TILE TILE TILE TIL	ADDRESS 1- ZIP ADDRESS -ZIP ADDRESS		Change Change	Addition Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE THE TAME	D CAIN, JO ANN M 204 CASCADE STREET PANAMA CITY FL 32405 D MCDONALD, JOAN M 10030 KLEPPEL	☐ DELETE	2. 4 C 3.3 TM 3.2 NV 3.3 ST 3.4. C 4.1 TT 4. 2 N 4.3 ST 4.4 CI 5.1 TT 5.2 NV 5.3 ST 5.4 CI 6.1 TT	TREET, TILE AME TREET, TILE AME TREET, TILE AME TREET, TILE TILE	ADDRESS 1- ZIP ADDRESS -ZIP ADDRESS		Change	Addition Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAIN, JO ANN M 204 CASCADE STREET PANAMA CITY FL 32405 D MCDONALD, JOAN M 10030 KLEPPEL	☐ DELETE	2. 4 C 3.1 TT 3.2 NV 3.3 S1 3.4. C 4.1 TT 4. 2 N 4.3 S1 4.4 CI 5.1 TT 5.2 NV 5.3 S1 5.4 CI 6.1 TT 6.2 NV	TREET, TLE AME TREET, TLE AME TREET, TLE AME TREET, TLE TY-ST TLE TY-ST TLE AME TREET, TY-ST TLE AME TREET, TY-ST TAME TREET, TY-ST TAME TREET, TY-ST TAME TREET, TY-ST TAME	ADDRESS 1- ZIP ADDRESS -ZIP ADDRESS		Change Change	Addition Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: