SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 JUL -5 AM 8:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S30278** **(3)**

1. Corporation Name
CAMERON SYSTEMS, INC.

Principal Place of Business	Mailing Address
701 N. FRANKLIN ST. TAMPA FL 33602 US	P.O. BOX 280016 TAMPA FL 33612 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/07/1991
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21 1902 A W. KENNEDY BLVD
Suite, Apt. #, etc. 22
City & State 23 TAMPA FL
Zip 24 33606 County 25 HILLSBOROUGH

2a. Mailing Address
26 SAME
Suite, Apt. #, etc. 27
City & State 28
Zip 29 County 30

4. FEI Number: 59-3064667 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has [illegible] Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

NAIRNE, DONALD M.
1523 WEST J.F. KENNEDY BLVD.
TAMPA FL 33606

10. Name and Address of New Registered Agent

81 Name: NAIRNE, DONALD M.
82 Street Address (P.O. Box Number is Not Acceptable):
83 1902 A WEST KENNEDY BLVD
84 City: TAMPA 85 FL Zip Code: 33606

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: [signature] V. PRES — DONALD M. NAIRNE — 6-29-95
(If changing registered agent, registered agent must sign) (Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD	11 TITLE	☐ Change ☐ Addition
NAME	BLANCO, MATIAS JR	12 NAME	
STREET ADDRESS	701 N. FRANKLIN ST.	13 STREET ADDRESS	
CITY ST ZIP	TAMPA FL	14 CITY ST ZIP	
TITLE	VPT	21 TITLE	☐ Change ☐ Addition
NAME	NAIRNE, DONALD M.	22 NAME	
STREET ADDRESS	1902 W. KENNEDY BLVD.	23 STREET ADDRESS	
CITY ST ZIP	TAMPA, FL 33606	24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and 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 added, on an attachment with an address.

SIGNATURE: [signature] V.P. — 6-29-95 — 813-254-0300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

CR2E034 (3/95)

0194440 FP