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CORPORATION ANNUAL REPORT
1995

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

FILED
95 JAN 23 AM 10:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V15672 (1)

1. Corporation Name
CAM CONSULTING & INVESTIGATIONS, INC.

Principal Place of Business	Mailing Address
3204 SAWGRASS VILLAGE CIR PONTE VEDRA BEACH FL 32082 US	3204 SAWGRASS VILLAGE CIR PONTE VEDRA BEACH FL 32082 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/21/1992
3a. Date of Last Report: 02/07/1994

2. Principal Place of Business	2a. Mailing Address
21 13000 SAWGRASS VILLAGE CIR	26 13000 SAWGRASS VILLAGE CIR
Suite, Apt. #, etc. 22 SUITE 14	Suite, Apt. #, etc. 27 SUITE 14
City & State 23 PONTE VEDRA BCH FL	City & State 28 PONTE VEDRA BCH, FL
Zip 24 32082 Country 25 US	Zip 29 32082 Country 30 US

4. FEI Number: 59-3110680 ☐ 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 liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GRIFFIN, FURNEY J. 3204 SAWGRASS VILLAGE CIR PONTE VERDA BEACH FL 32082	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 13000 SAWGRASS VILLAGE CIRCLE 83 SUITE 14 84 City PONTE VEDRA BCH FL 85 Zip Code 32082

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, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent Signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☒ Change ☐ Addition
NAME	GRIFFIN, FURNEY J	12 NAME	
STREET ADDRESS	3204 SAWGRASS VILLAGE CIR	13 STREET ADDRESS	13000 SAWGRASS VILLAGE CIR SUITE 14
CITY-ST-ZIP	PONTE VERDA BEACH FL	14 CITY-ST-ZIP	PONTE VEDRA BCH, FL 32082
TITLE	SD	21 TITLE	☒ Change ☐ Addition
NAME	GRIFFIN, DEBORAH R Q	22 NAME	
STREET ADDRESS	3204 SAWGRASS VILLAGE CIR	23 STREET ADDRESS	13000 SAWGRASS VILLAGE CIR SUITE 14
CITY-ST-ZIP	PONTE VEDRA BEACH FL	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 do 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 on any attachment with an address.

SIGNATURE: Furney J. Griffin, Pres. 1/16/95 (904)285-5269
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL DATE Daytime Phone #

0401007 FP