

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 01, 2001 8:00 am**  
**Secretary of State**

02-01-2001 90143 001 \*\*\*150.00

**DOCUMENT # 412002**

1. Entity Name  
**MCCAMMON, INCORPORATED**

Principal Place of Business 2260 S FRONT ST 206 MELBOURNE FL 32901 US	Mailing Address 2260 S FRONT ST 206 MELBOURNE FL 32901 US
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**911900**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 16 King Haugler Chase Suite, Apt. #, etc.	3. Mailing Address 16 King Haugler Chase Suite, Apt. #, etc.
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City & State Lake Wylie SC	City & State Lake Wylie SC	4. FEI Number 59-1420167	Applied For Not Applicable
Zip 29710	Country USA	Zip 29710	Country USA

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**MCCAMMON, GEORGE W**  
**2260 S FRONT ST #206**  
**MELBOURNE FL 32901**

7. Name and Address of New Registered Agent  
 Name **Penne J. Rutledge**  
 Street Address (P.O. Box Number is Not Acceptable)  
**804 Pine Ridge Rd**  
 City **Sanford** **FL** Zip Code **32773**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

\* SIGNATURE Penne J. Rutledge DATE 1/25/01  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> MCCAMMON, GEORGE W 2260 S FRONT ST #206 MELBOURNE FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> MCCAMMON, MARY A 2260 S FRONT ST MELBOURNE FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> Penne J. Rutledge 804 Pine Ridge Rd Sanford FL 32773 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> McCammom, George W. 16 King Haugler Chase Lake Wylie, SC 29710 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> McCammom, Mary A 16 King Haugler Chase Lake Wylie SC 29710 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with aliother like empowered.

SIGNATURE: George W. McCammon DATE 1/16/01 DAYTIME PHONE # 8038311821  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)