

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 24 PM 2:45

DOCUMENT # P41097 (7)

1. Corporation Name

CAMDEN REAL ESTATE COMPANY

Principal Place of Business

1355 PEACHTREE STREET, N.E., SUITE 820
ATLANTA GA 30309

Mailing Address

3445 EDGEWOOD CIR NW
CLEVELAND TN 37312
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/22/1992

3a. Date of Last Report

01/25/1994

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

58-1913586

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCMULLAN, JOHN F.
4986 SEAWATCH DRIVE
AMELIA ISLAND FL 32034

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5

Zip Code

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

TITLE	PCD
NAME	MCMULLAN, JOHN F.
STREET ADDRESS	4986 SEAWATCH DRIVE
CITY-ST-ZIP	AMELIA ISLAND FL
TITLE	VD
NAME	MCMULLAN, JOHN E.
STREET ADDRESS	1242 WEATERSTONE DR, NE
CITY-ST-ZIP	ATLANTA GA
TITLE	STD
NAME	MCMULLAN, MARILYN M.
STREET ADDRESS	4986 SEAWATCH DRIVE
CITY-ST-ZIP	AMELIA ISLAND FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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)(k), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report, or as an attachment with an address.

SIGNATURE:

John F. McMullan
JOHN F. MCMULLAN
DIRECTOR

1/14/95

Date

615-339-5022

Telephone #