

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F46959 (5)

1. Corporation Name

CYD SAMSON, INC.



Principal Place of Business

90 PONCE DELEON BLVD
BROOKSVILLE FL 34601

Mailing Address

90 PONCE DELEON BLVD
BROOKSVILLE FL 34601

3. Date Incorporated or Qualified

10/01/1981

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

21 14085 W ST. MARTIN RD

2a. Mailing Address

26 14085 W ST, MARTIN RD.

4. FEI Number

59-2123387

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.

22 City & State
CRYSTAL RIVER, FL

27 City & State
CRYSTAL RIVER, FL

23 Zip 34429

Country

28 Zip 34429

Country

24 9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SAMSON, CYRILLE
90 PONCE DELEON BLVD
BROOKSVILLE FL 34601

81 Name

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

14085 W. ST. MARTIN RD.

83

84 City

CRYSTAL RIVER

FL

85 Zip Code

34429

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	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
PT	SAMSON, CYRILLE	3294 GARDINIA	HERNANDO BEACH FL	☐
VS	SAMSON, CLAUDETTE	3294 GARDINIA	HERNANDO BEACH FL	☐
				☐
				☐
				☐

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
		14085 W. ST. MARTIN RD.	CRYSTAL RIVER, FL 34429	☒	☐
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	Change	Addition
		14085 W. ST. MARTIN RD.	CRYSTAL RIVER, FL 34429	☒	☐
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	Change	Addition
				☐	☐
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	Change	Addition
				☐	☐
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	Change	Addition
				☐	☐
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	Change	Addition
				☐	☐

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Cyrille Samson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CYRILLE SAMSON

6-3-96

Date

352 795 8052

Daytime Phone #

CR2E034 (12/95)