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FILED

**Feb 07 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # H88445 (2)

**1. Corporation Name
SAMURAI CONSTRUCTION COMPANY, INC.**

Principal Place of Business
**3250 CAPITAL CIRCLE SW
TALLAHASSEE FL 32310
US**

Mailing Address
**3250 CAPITAL CIRCLE SW
TALLAHASSEE FL 32310-8723
US**



3. Date Incorporated or Qualified 12/06/1985 **3a. Date of Last Report 04/22/1996**

2. Principal Place of Business
21 2834 Industrial Plaza Dr. **2a. Mailing Address**
26 2834 Industrial Plaza Dr.

Suite, Apt #, etc. Suite, Apt #, etc.
22 Ste D **27 Ste D**

City & State City & State
23 Tallahassee, FL 32301-3575 **28 Tallahassee, FL 32301-3575**

Zip Country Zip Country
24 **25** **29** **30**

4. FEI Number 59-2611648 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

**DRAWDY, THOMAS W.
415 W. JEFFERSON ST.
MONTICELLO FL 32344**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** **85 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 file if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

| | | |
|-----------------|----------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | CHAMLIS, MARK L. | |
| STREET ADDRESS | 233 ROSEHILL DR NO | |
| CITY - ST - ZIP | TALLAHASSEE FL | |
| TITLE | VD | <input type="checkbox"/> DELETE |
| NAME | CHAMLIS, RAY | |
| STREET ADDRESS | RT 7 BOX 918 | |
| CITY - ST - ZIP | TALLAHASSEE FL | |
| TITLE | STD | <input type="checkbox"/> DELETE |
| NAME | CHAMLIS, MARGARET L. | |
| STREET ADDRESS | RT 7 BOX 918 | |
| CITY - ST - ZIP | TALLAHASSEE FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| 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 does not qualify for the exemption 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 asterisk.

SIGNATURE: *Mark D. Chamlis* **Mark D. Chamlis** **2-4-97** **(904) 877-9477**

CR2E034 (9/96)