

**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**

**DOCUMENT # P94000000978 (4)**

95 JUL -3 AM 8: 32

1. Corporation Name

**SAMCO OF CENTRAL FLORIDA, INC.**

Principal Place of Business

Mailing Address

5516 U.S. 98 NORTH  
LAKELAND FL 33809

5516 U.S. 98 NORTH  
LAKELAND FL 33809

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/05/1994

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-3217345

Applied For

Not Applicable

22 State, Apt. #, etc

27 State, Apt. #, etc

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

23 City & State

28 City & State

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

24

25

29

30

7. This corporation has liability for a penalty for failure to file  
Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PETRONE, GLORIA  
6207 GREEN ROAD  
LAKELAND FL 33809**

01 Name

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

03

04 City

FL

05 Zip Code

11. Pursuant to the provisions of Sections 607.0503 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 of the person named in Section 607.0503 and 607.1508, Florida Statutes)

(Signature of the person named in Section 607.0505, Florida Statutes)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| TITLE | NAME           | STREET ADDRESS | CITY, ST, ZIP      |
|-------|----------------|----------------|--------------------|
| VP    | Gloria Petrone | 6207 Green Rd  | Lakeland, FL 33809 |
| TITLE | NAME           | STREET ADDRESS | CITY, ST, ZIP      |
| TITLE | NAME           | STREET ADDRESS | CITY, ST, ZIP      |
| TITLE | NAME           | STREET ADDRESS | CITY, ST, ZIP      |
| TITLE | NAME           | STREET ADDRESS | CITY, ST, ZIP      |
| TITLE | NAME           | STREET ADDRESS | CITY, ST, ZIP      |
| TITLE | NAME           | STREET ADDRESS | CITY, ST, ZIP      |
| TITLE | NAME           | STREET ADDRESS | CITY, ST, ZIP      |

| 14 TITLE | 15 NAME | 16 STREET ADDRESS | 17 CITY, ST, ZIP | Change                   | Addition                 |
|----------|---------|-------------------|------------------|--------------------------|--------------------------|
|          |         |                   |                  | <input type="checkbox"/> | <input type="checkbox"/> |
|          |         |                   |                  | <input type="checkbox"/> | <input type="checkbox"/> |
|          |         |                   |                  | <input type="checkbox"/> | <input type="checkbox"/> |
|          |         |                   |                  | <input type="checkbox"/> | <input type="checkbox"/> |
|          |         |                   |                  | <input type="checkbox"/> | <input type="checkbox"/> |
|          |         |                   |                  | <input type="checkbox"/> | <input type="checkbox"/> |
|          |         |                   |                  | <input type="checkbox"/> | <input type="checkbox"/> |

**REMITTED BY MAY 1**

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 110.07(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:

*Gloria Petrone*  
GLORIA PETRONE

4-14-95

8583993

(Signature and typed or printed name of signing officer or director)

(Date)

(Filing Fee)