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PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P94000000978 (4)

1. Corporation Name SAMCO OF CENTRAL FLORIDA, INC.



Principal Place of Business 5516 U.S. 98 NORTH LAKELAND FL 33809 Mailing Address 5516 U.S. 98 NORTH LAKELAND FL 33809

2. Principal Place of Business 21, 22, 23, 24, 25, 26, 27, 28, 29, 30

3. Date Incorporated or Qualified 01/05/1994 3a. Date of Last Report 07/03/1995 4. FEI Number 59-3217345 5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes.

9. Name and Address of Current Registered Agent PETRONE, GLORIA 6207 GREEN ROAD LAKELAND FL 33809 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Accepted) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0532 and 607.1535, 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 REGISTERED AGENT DATE DATE OF SIGNATURE

Table with 2 main columns: OFFICERS AND DIRECTORS (12) and ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (13). Includes fields for Title, Name, Street Address, 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(9)(k), Florida Statutes. I further certify that the information indicated on this annual report or signature of 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 or person empowered to execute the 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: [Signature] GLORIA PETRONE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)