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(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

\_\_\_\_\_  
(Business Entity Name)

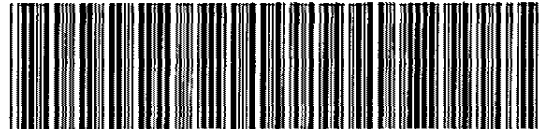
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CORPORATION  
ANNUAL REPORT  
1993



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
SECRETARY OF STATE  
JIM SMITH  
1993

1. Name and Mailing Address of Corporation: **DOCUMENT # S21318 (8)**

**S.A.M.S. -N-ONE, INC.**  
2888 WEST HIGHWAY 44  
DELAND FL 32720

DO NOT WRITE IN THIS SPACE

FILING FEE  
\$200.00

ANNUAL REPORT \$61.25 + \$138.75 CORPORATION SUPPLEMENTAL FEE  
MAKE CHECK PAYABLE TO DEPARTMENT OF STATE

3. Date incorporated or qualified: **12/24/1990**  
3a. Date of Last Report: **07/01/1992**

4. FEI Number: **593044929**  
Applied For:   
FEI Applicant:

5. Certificate of Status (Federal):   
6. Election Campaign Financing Trust Fund Contributions:   
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status:   
8. This corporation is a small business as defined in Florida Statutes:

**\$8.75 Additional Fee Required**  
**\$5.00 May Be Added to Fees**  
**\$138.75 Supplemental Fee Not Required**

2. Mailing Address: 21. Street, Apt. #, etc. 22. City & State 23. Zip Country 24. 25. 26. Principal Place of Business: 26. Street, Apt. #, etc. 27. City & State 28. Zip Country 29. 30.

9. Name and Address of Current Registered Agent

**PAPPAS, GEORGE**  
**645 NORTH HALIFAX AVENUE**  
**DAYTONA BEACH FL 32118**

10. Name and Address of New Registered Agent: 81. Name 82. Street Address if P.O. Box Number is Not Acceptable 83. 84. City 85. Zip Code 86. Country

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508 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 607.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

1.1 TITLE: **D**  
1.2 NAME: **WEIR, SAMUEL**  
1.3 ADDRESS: **1825 OAKLEY AVENUE**  
1.4 CITY, ST, ZIP: **DELAND FL**  
2.1 TITLE: **D**  
2.2 NAME: **WEIR, MEGAN**  
2.3 ADDRESS: **1825 OAKLEY AVENUE**  
2.4 CITY, ST, ZIP: **DELAND FL**  
3.1 TITLE: \_\_\_\_\_  
3.2 NAME: \_\_\_\_\_  
3.3 ADDRESS: \_\_\_\_\_  
3.4 CITY, ST, ZIP: \_\_\_\_\_  
4.1 TITLE: \_\_\_\_\_  
4.2 NAME: \_\_\_\_\_  
4.3 ADDRESS: \_\_\_\_\_  
4.4 CITY, ST, ZIP: \_\_\_\_\_  
5.1 TITLE: \_\_\_\_\_  
5.2 NAME: \_\_\_\_\_  
5.3 ADDRESS: \_\_\_\_\_  
5.4 CITY, ST, ZIP: \_\_\_\_\_  
6.1 TITLE: \_\_\_\_\_  
6.2 NAME: \_\_\_\_\_  
6.3 ADDRESS: \_\_\_\_\_  
6.4 CITY, ST, ZIP: \_\_\_\_\_

13. OFFICERS AND DIRECTORS CHANGED

1.1 TITLE: \_\_\_\_\_  
1.2 NAME: \_\_\_\_\_  
1.3 ADDRESS: \_\_\_\_\_  
1.4 CITY, ST, ZIP: \_\_\_\_\_  
2.1 TITLE: \_\_\_\_\_  
2.2 NAME: \_\_\_\_\_  
2.3 ADDRESS: \_\_\_\_\_  
2.4 CITY, ST, ZIP: \_\_\_\_\_  
3.1 TITLE: \_\_\_\_\_  
3.2 NAME: \_\_\_\_\_  
3.3 ADDRESS: \_\_\_\_\_  
3.4 CITY, ST, ZIP: \_\_\_\_\_  
4.1 TITLE: \_\_\_\_\_  
4.2 NAME: \_\_\_\_\_  
4.3 ADDRESS: \_\_\_\_\_  
4.4 CITY, ST, ZIP: \_\_\_\_\_  
5.1 TITLE: \_\_\_\_\_  
5.2 NAME: \_\_\_\_\_  
5.3 ADDRESS: \_\_\_\_\_  
5.4 CITY, ST, ZIP: \_\_\_\_\_  
6.1 TITLE: \_\_\_\_\_  
6.2 NAME: \_\_\_\_\_  
6.3 ADDRESS: \_\_\_\_\_  
6.4 CITY, ST, ZIP: \_\_\_\_\_

14. I certify that the information indicated on this annual report or supplemental annual report is true and correct and that the signature shall have the same legal effect as if the signatory had personally signed the report. I further certify 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, 13 or on an attachment with an address.

SIGNATURE: **Megan S. Weir** DATE: **2/16/93**  
Print/Type Name of Signing Officer or Director: **Megan S. Weir** Title(s): **Director**  
Telephone Number: **(904) 733-9737**