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PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Morham
Secretary of State

UNION B CORPORATIONS

DOCUMENT # **440821**

1. Corporation Name

SAMSON METAL AND MACHINE, INC.

(7) 0512



Principal Place of Business

**3225 HWY 92 EAST
P.O. BOX 1586
LAKELAND FL 33802-8586**

Mailing Address

**3225 HWY 92 EAST
P.O. BOX 1586
LAKELAND FL 33802-8586**

3. Date Incorporated or Qualified
11/27/1973

3a. Date of Last Report
03/13/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FEAR, CHRISTOPHER M.
202 E. WALNUT
LAKELAND FL 33803**

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 of the corporation

(If CDE Registered Agent's signature required when transferring)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VD	☐ DELETE
NAME	SAMSON, CARL P	
STREET ADDRESS	4120 GROVE PLACE	
CITY-STATE-ZIP	LAKELAND, FL 00000	
TITLE	PD	☐ DELETE
NAME	SAMSON, PHILIP E	
STREET ADDRESS	1911 BANANA ROAD	
CITY-STATE-ZIP	LAKELAND, FL 00000	
TITLE	VP	☐ DELETE
NAME	SAMSON, BARAK E	
STREET ADDRESS	7805 PARK BYRD RD.	
CITY-STATE-ZIP	LAKELAND FL	
TITLE	ST	☐ DELETE
NAME	HALSTEAD, CAROL A	
STREET ADDRESS	3911 WARD ROAD	
CITY-STATE-ZIP	LAKELAND FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-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(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:

Carol A. Halstead
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-26-96
Date

941-665-6151
Eighteen Phone #

CR2E034 (12/95)