

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F96000005983**

1. Corporation Name
L.L. SAMS, INC.

Principal Place of Business

1201 INDUSTRIAL BLVD
CAMERON TX 76520
US

Mailing Address

P O BOX 751
CAMERON TX 76520
US

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

22

27

City & State

23

28

Zip

24

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Country

26

Zip

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Country

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9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

81 Name

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

83

84 City

FL 85 Zip Code

10. Name and Address of New Registered Agent

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DC	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOSSETT, WALTER B		1.2 NAME	
STREET ADDRESS	324 PLEASANT		1.3 STREET ADDRESS	
CITY-ST-ZIP	WACO TX 76704		1.4 CITY-ST-ZIP	
TITLE	S	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOSSETT, REEDER W		2.2 NAME	
STREET ADDRESS	324 PLEASANT DR		2.3 STREET ADDRESS	
CITY-ST-ZIP	WACO TX 76704		2.4 CITY-ST-ZIP	
TITLE	DC	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETTY, O.L.		3.2 NAME	
STREET ADDRESS	2100 RIVER ST		3.3 STREET ADDRESS	
CITY-ST-ZIP	WACO TX 76706		3.4 CITY-ST-ZIP	
TITLE	P	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETTY, DAVID W		4.2 NAME	
STREET ADDRESS	110 SUMMIT CIR		4.3 STREET ADDRESS	
CITY-ST-ZIP	BELTON TX 76513		4.4 CITY-ST-ZIP	
TITLE	V	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HANCOCK, JOHN		5.2 NAME	
STREET ADDRESS	3618 HOPI TR		5.3 STREET ADDRESS	
CITY-ST-ZIP	TEMPLE TX 76504		5.4 CITY-ST-ZIP	
TITLE	T	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUDSON, SANDRA		6.2 NAME	
STREET ADDRESS	1105 E 15TH ST		6.3 STREET ADDRESS	
CITY-ST-ZIP	CAMERON TX 76520		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

DAVID PETTY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-99

254-697-8422

Daytime Phone #

CR2E034 (11/98)