2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F9600005983

1. Entity Name

CITY-ST-ZIP

SIGNATURE:

CAMERON TX 76520

L.L. SAMS, INC.

Principal Place of Business Mailing Address								
1201 INDUSTRIAL BLVD CAMERON TX 76520 US		P O BOX 751 CAMERON TX 76520-0751 US			naastvsa			
2. Principal F	Place of Business	3. Mailing Address			_			
·							4191 91114 14141 19	140 (111 169)
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS	SPACE	
City & State		City & State		4. F	74-2711725	<u> </u>	oplied For ot Applicable	
Zip Country		Zìp	Zìp Countr		5. Certificate of Status Desired See Required Fee Required			
	6. Name and Address of Currer	nt Registered Agent			7, N	Name and Address of New Registered	Agent	
				Name				
C T CORPORATION SYSTEM			r	Street Address (P.O. Box Number is Not Acceptable)				
1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324			-					
PLA	NIAHUN FL 33324		_	City		Fl	Zip Cod	e
8. The above	named entity submits this statement	for the purpose of changing it	ts registered	d office or realst	tered age			
	, , , , , , , , , , , , , , , , , , , ,	g g		- 9 -	- 9			
SIGNATURE .	Signature, typed or printed name of registered age	int and little if applicable. (NC	OTE: Registered	Agent signature requi	ired when re	einstating) DATE		
9. This corpo	oration is eligible to satisfy its Intangit	ole FILE NOV	V!!! FEE !:	S \$150.00		10. Election Campaign Financing		0.4
Tax filing requirement and elects to do so. (See criteria on back)		.	After MAY 1, 2000 Fee will be \$3 Make Check Payable to Departmen					May Be to Fees
11.	OFFICERS AN	D DIRECTORS	12.		AD	DDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC DOSSETT: WALTER B 324 PLEASANT	☐ Delete	TITLE NAME STREET CITY-S	ADDRESS		•	☐ Change	☐ Addition \
TITLE	<u>WACO TX 76704</u> S	□ Delete	TITLE				☐ Change	Addition
NAME	DOSSETT, REEDER W	CJ Delete	NAME				<u> </u>	
STREET ADDRESS	324 PLEASANT DR			ADDRESS				ł
CITY-ST-ZIP	WACO TX 76704	<u> </u>	CITY-S	ST-ZIP				
TITLE	DC	☐ Delete	TITLE	}			Change	Addition
NAME	PETTY, O.L.	* - *	NAME	ADDOCCC	~ _			
STREET ADDRESS * CITY-ST-ZIP	2100 RIVER ST		CITY-S	ADDRESS :	_			
	WACO TX 76706	□ Delete	TITLE				☐ Change	Addition
TITLE NAME	PETTY, DAVID W	∟] Delete	NAME				Change	☐ Addition 1
STREET ADDRESS	110 SUMMITT CIR			ADDRESS				
CITY-ST-ZIP	BELTON TX 76513		CITY-9					-
TITLE	VP	□ Delete	TITLE				Change	☐ Addition
NAME	RAO, Y.V.	<u></u>	NAME					
STREET ADDRESS	4702 ASCOT PKWY		STREET	ADDRESS				ĺ
CITY-ST-ZIP	TEMPLE TX 76502		CITY-S	T-ZIP		<u>· </u>		
TITLE	1	□ Delete	TITLE				☐ Change	Addition
NAME	HUDSON, SANDRA		NAME					
STREET ADDRESS	1105 E 15TH ST		STREET	ADDRESS				

CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Mar 16, 2000 8:00 am Secretary of State

<u> 254-697-8422</u>

03-16-2000 90065 021 ***150.00