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FILED  
Feb 25 1997 8:00am  
Secretary of StatePROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # G00147 (0)

1. Corporation Name  
SAM CHIN COMPANY

Principal Place of Business

9252 133RD PLACE  
LIVE OAK FL 32060  
US

Mailing Address

P.O. BOX 550  
SHARPSBURG NC 27878-0550  
US

3. Date Incorporated or Qualified

09/16/1982

3a. Date of Last Report

03/04/1996

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

59-2266280

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DUTNAL, JACK L  
RT 5 BOX 227  
LIVE OAK FL 32060

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, type 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 PS ☐ DELETENAME APOL, S.J.  
STREET ADDRESS 1006 COUNTRY LANE  
CITY- ST- ZIP ROCKY MOUNT FL 278031.1 TITLE ☒ Change ☐ Addition1.2 NAME  
1.3 STREET ADDRESS 4978 COUNTRY LANE  
1.4 CITY- ST- ZIP ROCKY MOUNT, NC 27803TITLE VT ☐ DELETENAME APOL, R. E  
STREET ADDRESS 4640 WINSOR RD  
CITY- ST- ZIP ELM CITY NC2.1 TITLE ☒ Change ☐ Addition2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY- ST- ZIP 27822TITLE ☐ DELETENAME  
STREET ADDRESS  
CITY- ST- ZIP3.1 TITLE ☐ Change ☐ Addition3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY- ST- ZIPTITLE ☐ DELETENAME  
STREET ADDRESS  
CITY- ST- ZIP4.1 TITLE ☐ Change ☐ Addition4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY- ST- ZIPTITLE ☐ DELETENAME  
STREET ADDRESS  
CITY- ST- ZIP5.1 TITLE ☐ Change ☐ Addition5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY- ST- ZIPTITLE ☐ DELETENAME  
STREET ADDRESS  
CITY- ST- ZIP6.1 TITLE ☐ Change ☐ Addition6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY- ST- ZIP

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT 2-18-1997 919 446-1946

Date

Daytime Phone #

CR2E034 (9/96)