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 # H80779 1. Corporation Name

CHARLES SAMUEL, INC.

Principal Place of Business Mailing Address					,				
1783 HARBOR D	OR .	P.O. BOX 1087			ĺ				
CLEARWATER F	CLEARWATER FL 34617	L 34617			DO NOT WRITE IN THIS SPACE				
US					3. Date Incorporated or Qualified				
						10/14/1985			
6 Dringing 1 D	and of Business	2a. Mailing Address				4. FEI Number		Ι Δα	plied For
2. Principal Place of Business					59-2598667		<u> </u>	t Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					\$8.75		
_		27			5. Certificate of Status Desired	- X.		iquired	
City & State			City & State			6. Election Campaign Financir	<u> </u>		
23		28			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees				
Zip	Country	Zip	Coun	itry		8. This corporation owes the c	urrent vear in		-
24 337	·	29 33757 30	ה	•		Personal Property Tax.		Yes	□No
24 2 1	9. Name and Address of Current		7——			10. Name and Address of Nev	v Registered	Agent	
MOYER, KENNETH WALTER									
1783	HARBOR DRIVE	82 Street Addre			t Addre	ess (P.O. Box Number is Not Acceptable) HARBOR DRIVE			
CLEA	RWATER FL 34615		i i	83		TITICE - TO EXT.			
				€					
				84 City		ARWATER	F۱	85 Zip	
44 District to	to the provisions of Sections 607.0502	and 607 1508 Florida Statutes	the ab	ove-name	d corpor	ration submits this statement for t	he ouroose of	changing its	registered
office or re	egistered agent, or both, in the State or familiar with, and accept the obligation	Florida Such change was auth	orized	by the cor	poration	s board of directors. I hereby ac	cept the appo	intment as re	gistered
agent. I ar	m familiar with, and accept the obligation					0 1/4	/ د	1/99	
SIGNATURE		and the description of MOTE BO	CO /	MOYE	R required :	President when reinstating)	DATE	///	
12.	Signature cosed or printed name of registered agent OFFICERS AND		13.	gork aigitator	0.104220	ADDITIONS/CHANGES TO	OFFICERS A	ND DIRECTO	RS IN 12
TITLE	SDM	DELETE	1.1 TITL	£	TV			Change	☐ Addition
NAME	MOYER, KENNETH WALTER		1.2 NA	νE		,			ļ
STREET ADDRESS	1783 HARBOR DRIVE	i		REET ADDRES	s				}
CITY-ST-ZIP	CLEARWATER FL			Y-ST-ZIP					Ì
TITLE	PC	⊠ DELETE	2.1 TITL		+			Change	☐ Addition
NAME	MOYER, KENNETH WALTER		2.2 NAA		ļ			•	ļ
STREET ADDRESS	1000 1110000 DON'T			REET ADORES	s			•	1
	CLEARWATER FL			Y-ST-ZIP					
CITY-ST-ZIP TITLE	VT	☐ DELETE	3.1 TITL		P/	T/S/D/C/M		Change	☐ Addition
NAME			3.2 NA		1'/	1/3/2/07		•	l
	1783 HARBOR DRIVE		3.3 STREET ADDRESS		١				1
CLEADIAIATED EL			3.4. CITY-\$T-ZIP		<u> </u>				1
CITY-ST-ZIP TITLE	DELETE		4.1 TITE					Change	☐ Addition
		2 2555	4. 2 NA						
NAME	200		4.3 STREET ADDRESS			·			
STREET ADDRESS	(699)		4.4 CITY-ST-ZIP		~				
CITY-ST-ZIP		☐ DELETE	5.1 TITL		 			Change	Addition
TITLE		_ blee.e	5.2 NA						_
NAME				··· Reet addres	s	•			
STREET ADDRESS			l.	Y-ST-ZIP				•	Į
CITY-ST-ZIP		☐ DELETE	6.1 TITU		 			☐ Change	Addition
TITLE		☐ nereie	6.2 NA					مهرست حت	
NAME.				REET ADDRES	<u>.</u>				, ,
STREET ADDRESS					2				1
CITY-ST-ZIP			6.4 CIT	Y-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:

FILED

Mar 09, 1999 8:00 am Secretary of State

03-09-1999 90145 044 ***158.75