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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J06855 (7)

1. Corporation Name
SAM-WAIN ENTERPRISES, INC.

Principal Place of Business	Mailing Address
% ROBERT WAINSCOTT 1755 INLET DRIVE N. FT. MYERS FL 33903	% ROBERT WAINSCOTT 1755 INLET DRIVE N. FT. MYERS FL 33903

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/31/1986
3a. Date of Last Report: 05/17/1994

2. Principal Place of Business	2a. Mailing Address	4. FEI Number: 59-2671096	☐ Applied For ☐ Not Applicable
21	26		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
22	27		
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
23	28		
Zip / Country	Zip / Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	
24 / 25	29 / 30		

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WAINSCOTT, ROBERT 1755 INLET DRIVE N. FT. MYERS FL 33903	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☒ Change ☐ Addition
NAME	WAINSCOTT, ROBERT	1.2 NAME	V.P LOIS WAINSCOTT
STREET ADDRESS	1755 INLET DRIVE	1.3 STREET ADDRESS	1755 INLET DR.
CITY-ST-ZIP	N. FT. MYERS FL	1.4 CITY-ST-ZIP	N. FT. MYERS FLORIDA 33903
TITLE	VS	2.1 TITLE	☒ Change ☐ Addition
NAME	WAINSCOTT, ROBERT	2.2 NAME	SECRETARY" LOIS WAINSCOTT
STREET ADDRESS	1755 INLET DR	2.3 STREET ADDRESS	1755 INLET DR.
CITY-ST-ZIP	N FT MYERS FL	2.4 CITY-ST-ZIP	N.FT. MYERS FLORIDA 33903
TITLE	TD	3.1 TITLE	☐ Change ☐ Addition
NAME	WAINSCOTT, ROBERT	3.2 NAME	
STREET ADDRESS	1755 INLET DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	N FT MYERS FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-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)(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: ROBERT WAINSCOTT Robert W. Wainscott 4-17-1995 813-337-9774
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0980007 CP