## 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 # J83989**

1. Corporation Name

SAM REPRESENTATIVES, INC.

## **FILED** Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90111 014 \*\*\*158.75

				_									
Principal Place	e of Business	Mailing	Address					, (\$\$11:8 B(B) )\$	(8(6)			. 3.2 81811	
302 TIMBERCOVE CIRCLE CONGWOOD FL 32779 LONGWOOD FL 32779								n	O NOT WE	RITE IN	THIS SI	PACE	
							3 Date	e Incorporated					
							1	23/1987	or agains	_			
A Dain single Di	leas of Business	25 Maili	ing Address	_				Number				Ā	plied For
	lace of Business		ing riddroso				l l	2862005				<u> </u>	ot Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.							V		\$8.75	Additional
22	#, etc.	27	2, , 4,				5. Cert	tifcate of Statu	is Desired	X			equired
City & State	e		& State				6. Elec	tion Campaig	n Financing	]		\$5.00	May Be
23	~	28						t Fund Contri	-	<i>'</i> □			to Fees
Zip	Country	Zip		Coun	itry	_	8, This	corporation of	wes the cu	rrent ye	ar Intan	gib <del>l</del> e	
24	25	29		30				sonal Property				Yes	□No
	9. Name and Address of Curre		Agent				10. Nan	ne and Addre	ss of New	Regist	ered A	gent	
					81	Name							
	S, THOMAS P. 111			}	82	Street A	idress (P.O. F	Box Number is	Not Accer	otable)			_
302	TIMBERCOVE CIRCLE					Ou out m	201000 (1.10.0	ess (P.O. Box Number is Not Acceptable)					
LON	GWOOD FL 32779				83								
					-	034						85 Zip	Code
					84	City					FL	2,5	0040
office or r	to the provisions of Sections 607.05 egistered agent, or both, in the Stat m familiar with, and accept the oblig	te of Fiorida Si	ion change was a	iumorizeu	DV L	he corpor	ation's board	of directors.	hereby acc	ept the	appoint	ment as r	egistered
agent. ra SIGNATURE								NN		De			
SIGNATURE	Signature, typed or printed name of registered a	igent and title if applic	able (NOTI	E Registered /			uired when reinstat		IGES TO C		TE AND	DIRECT	ORS IN 12
SIGNATURE	Signature, typed or printed name of registered a		able (NOTI	E Registered /	Agent			ting) ITIONS/CHAN	IGES TO		RS AND	DIRECT	ORS IN 12
SIGNATURE  12. TITLE	Signature, typed or printed name of registered a OFFICERS A	igent and title if applic	able (NOTI	E: Registered / 13.	Agent				GES TO C		RS AND		
SIGNATURE  12. TITLE NAME	Signature, typed or printed name of registered a OFFICERS A  DPT GILES, THOMAS P.,III	igent and title if applic	able (NOTI	13. 1.1 TITI 1.2 NA	Agent LE ME	signature req			IGES TO C		RS AND		
SIGNATURE  12. TITLE	Signature, typed or printed name of registered a OFFICERS A DPT GILES, THOMAS P.,III 302 TIMBERCOVE CIRCLE	igent and title if applic	able (NOTI	13. 1.1 TITI 1.2 NAI 1.3 STF	Agent LE ME REET	signature req			IGES TO C		RS AND		
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	Signature, typed or printed name of registered a OFFICERS A  DPT GILES, THOMAS P.,III	igent and title if applic	able (NÓTI RS DELETE	13. 1.1 TITI 1.2 NA 1.3 STF 1.4 CIT	Agent LE ME REET	signature req			GES TO C		RS AND	☐ Change	
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS	Signature, typed or printed name of registered a OFFICERS A DPT GILES, THOMAS P.,III 302 TIMBERCOVE CIRCLE	igent and title if applic	able (NOTI	13. 1.1 TIT 1.2 NAI 1.3 STF 1.4 CIT 2.1 TITI	Agent LE ME REET	signature req			IGES TO C		RS AND		☐ Additio
SIGNATURE  12.  IIILE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	Signature, typed or printed name of registered a OFFICERS A DPT GILES, THOMAS P.,III 302 TIMBERCOVE CIRCLE LONGWOOD FL	igent and title if applic	able (NÓTI RS DELETE	13. 1.1 TITI 1.2 NAI 1.3 STF 1.4 CIT 2.1 TITI 2.2 NAI	Agent LE ME REET Y-ST- LE ME	ADDRESS			RGES TO C		RS AND	☐ Change	☐ Additio
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	Signature, typed or printed name of registered a OFFICERS A DPT GILES, THOMAS P.,III 302 TIMBERCOVE CIRCLE LONGWOOD FL	igent and title if applic	able (NÓTI RS DELETE	13. 1.1 TITI 1.2 NA 1.3 STF 1.4 CIT 2.1 TITI 2.2 NA 2.3 STF	Agent LE ME REET. Y-ST- LE ME REET.	ADDRESS ADDRESS			GES TO C		RS AND	☐ Change	☐ Additio
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	Signature, typed or printed name of registered a OFFICERS A DPT GILES, THOMAS P.,III 302 TIMBERCOVE CIRCLE LONGWOOD FL	igent and title if applic	RS DELETE	13. 1.1 TIT 1.2 NAI 1.3 STF 1.4 CIT 2.1 TITI 2.2 NAI 2.3 STF 2.4 CIT	Agent LE ME Y-ST- LE ME REET.	ADDRESS ADDRESS			IGES TO C		RS AND	☐ Change	☐ Addition
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered a OFFICERS A DPT GILES, THOMAS P.,III 302 TIMBERCOVE CIRCLE LONGWOOD FL	igent and title if applic	able (NÓTI RS DELETE	13. 1.1 TITI 12 NAV 1.3 STT 1.4 CIT 2.1 TITI 2.2 NAV 2.3 STT 2.4 CIT 3.1 TITI	LE ME REET, LE ME REET, LE ME REET, LE LE LE LE LE LE LE LE	ADDRESS ADDRESS			IGES TO C		RS AND	☐ Change	Additi
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered a OFFICERS A DPT GILES, THOMAS P.,III 302 TIMBERCOVE CIRCLE LONGWOOD FL	igent and title if applic	RS DELETE	13. 1.1 TITI 12 NAV 1.3 STT 1.4 CIT 2.1 TITI 2.2 NAV 2.3 STT 2.4 CIT 3.1 TITI 3.2 NAV	LE ME REET, LE ME REET, LE ME REET, TY-ST	ADDRESS -ZIP -ADDRESS -ZIP			GES TO C		RS AND	☐ Change	Additi
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered a OFFICERS A DPT GILES, THOMAS P.,III 302 TIMBERCOVE CIRCLE LONGWOOD FL	igent and title if applic	RS DELETE	13. 1.1 TIT 12 NAV 1.3 STF 1.4 CIT 2.1 TITI 2.2 NAV 2.3 STF 2.4 CIT 3.1 TITI 3.2 NAV 3.3 STF	LE WE REET, Y-ST- LE ME REET, HY-ST	ADDRESS ADDRESS ADDRESS ADDRESS			GES TO C		RS AND	☐ Change	Additi
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered a OFFICERS A DPT GILES, THOMAS P.,III 302 TIMBERCOVE CIRCLE LONGWOOD FL	igent and title if applic	ABDE (NOTI	13. 1.1 TIT 12 NAV 1.3 STF 1.4 CIT 2.1 TITI 2.2 NAV 2.3 STF 2.4 CIT 3.1 TITI 3.2 NAV 3.3 STF 3.4 CIT 3.4 CIT 3.4 CIT 3.4 CIT 3.4 CIT 3.7 TITI 3.7 NAV 3.8 CIT 3.4 CIT 3.4 CIT 3.7 TITI 3.7 NAV 3.8 CIT 3.4 CIT 3.4 CIT 3.4 CIT 3.7 TITI 3.7 NAV 3.8 CIT 3.4 CIT 3.4 CIT 3.4 CIT 3.4 CIT 3.7 TITI 3.7 NAV 3.8 CIT 3.4 CIT 3.4 CIT 3.7 C	Agent  LE  WE  REET,  LE  ME  REET,  TY-ST  LE  ME  REET,  TY-ST	ADDRESS ADDRESS ADDRESS ADDRESS			GES TO C		RS AND	☐ Change	☐ Addition
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered a OFFICERS A DPT GILES, THOMAS P.,III 302 TIMBERCOVE CIRCLE LONGWOOD FL	igent and title if applic	RS DELETE	13. 1.1 TIR 12 NAV 1.3 STF 1.4 CIT 2.1 TIR 2.2 NAV 2.3 STF 2. 4 CIT 3.1 TIR 3.2 NAV 3.3 STF 3.4 CIT 4.1 TIR	Agent  LE  ME  REET  Y-ST  LE  ME  REET  TY-SI  LE  ME  LE  LE  LE  LE  LE  LE  LE  LE	ADDRESS ADDRESS ADDRESS ADDRESS			GES TO C		RS AND	☐ Change	☐ Addition
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered a OFFICERS A DPT GILES, THOMAS P.,III 302 TIMBERCOVE CIRCLE LONGWOOD FL	igent and title if applic	ABDE (NOTI	13. 1.1 TITI 12 NAN 1.3 STF 1.4 CIT 2.1 TITI 2.2 NAI 2.3 STF 2.4 CIT 3.1 TITI 3.2 NAI 3.3 STT 3.4 CIT 4.1 TITI 4.2 NAI	Agent LE ME REET, Y-ST LE ME REET LE TY-SI LE LE ME REET LE LE ME REET LE LE ME REET LE LE ME	ADDRESS -ZIP -ADDRESS -ZIP -ADDRESS -ZIP			RGES TO C		RS AND	☐ Change	☐ Addition
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered a OFFICERS A DPT GILES, THOMAS P.,III 302 TIMBERCOVE CIRCLE LONGWOOD FL	igent and title if applic	ABDE (NOTI	13. 1.1 TITI 12 NAN 1.3 STF 1.4 CIT 2.1 TITI 2.2 NAI 2.3 STF 2.4 CIT 3.1 TITI 3.2 NAI 3.3 STT 4.4 CIT 4.1 TITI 4.2 NAI 4.3 STI 4.3 STI 4.3 STI 4.3 STI	LE ME REET LE ME ME TY-ST LE ME TY-ST LE ME REET LE ME REET REET REET REET REET REET REET	ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP			RGES TO C		RS AND	☐ Change	☐ Addition
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered a OFFICERS A DPT GILES, THOMAS P.,III 302 TIMBERCOVE CIRCLE LONGWOOD FL	igent and title if applic	ABDE (NOTE  RS  DELETE  DELETE	13. 1.1 TITI 12 NAN 1.3 STF 1.4 CIT 2.1 TITI 2.2 NAI 2.3 STF 2.4 CIT 3.1 TITI 3.2 NAI 3.3 STT 3.4 CIT 4.1 TITI 4.2 NAI 4.3 STI 4.4 CIT	LE  ME  REET,  Y-ST.  LE  ME  REET  IY-S1  LE  ME  REET  TY-S1  LE  ME  REET  Y-S1  REET  Y-S1	ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP			RGES TO C		RS AND	☐ Change ☐ Change ☐ Change	Addition Addition Addition
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered a OFFICERS A DPT GILES, THOMAS P.,III 302 TIMBERCOVE CIRCLE LONGWOOD FL	igent and title if applic	ABDE (NOTI	13. 1.1 TITI 12 NAN 1.3 STF 1.4 CIT 2.1 TITI 2.2 NAI 2.3 STF 2.4 CIT 3.1 TITI 3.2 NAI 3.3 STT 3.4 CIT 4.1 TITI 4.2 NAI 5.1 TITI 5.	LE  KEET, Y-ST. LE  ME  REET  TY-SI  LE  ME  REET  TY-SI  LE  ME  REET  TY-SI  LE  LE  LE  LE  LE  LE  LE  LE  LE  L	ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP			RGES TO C		RS AND	☐ Change	Addition Addition Addition
SIGNATURE  12.  TITLE NAME  STREET ADDRESS CITY-ST-ZIP  TITLE NAME  STREET ADDRESS CITY-ST-ZIP  TITLE NAME  STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered a OFFICERS A DPT GILES, THOMAS P.,III 302 TIMBERCOVE CIRCLE LONGWOOD FL	igent and title if applic	ABDE (NOTE  RS  DELETE  DELETE	13. 1.1 TITI 12 NAN 1.3 STF 1.4 CIT 2.1 TITI 2.2 NAI 2.3 STF 2.4 CIT 3.1 TITI 3.2 NAI 3.3 STT 4.4 CIT 4.2 NAI 4.5 STI 4.5 CIT 5.1 TITI 5.2 NAI	Agent LE WE REET, Y-ST. LE ME REET TY-SI LE ME REET TY-SI LE ME REET TY-SI LE ME REET ME REET ME REET	ADDRESS -ZIP  ADDRESS -ZIP  ADDRESS -ZIP  ADDRESS -ZIP  ADDRESS -ZIP			RGES TO C		RS AND	☐ Change ☐ Change ☐ Change	Addition Addition Addition
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS SITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered a OFFICERS A DPT GILES, THOMAS P.,III 302 TIMBERCOVE CIRCLE LONGWOOD FL	igent and title if applic	ABDE (NOTE  RS  DELETE  DELETE	13. 1.1 TITI 12 NAN 1.3 STF 1.4 CIT 2.1 TITI 2.2 NAI 2.3 STF 2.4 CIT 3.1 TITI 3.2 NAI 3.3 STT 4.1 TITI 4.2 NAI 4.3 STI 4.4 CIT 5.1 TITI 5.2 NAI 5.3 STU	Agent  LE  ME  REET,  LE  ME  REET  LE  ME  REET  LE  ME  REET  LE  ME  REET  REET  LE  REET  REET  REET  REET  REET  REET  REET	ADDRESS -ZIP  ADDRESS -ZIP  ADDRESS -ZIP  ADDRESS -ZIP  ADDRESS -ZIP  ADDRESS			RGES TO C		RS AND	☐ Change ☐ Change ☐ Change	Addition Addition Addition
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered a OFFICERS A DPT GILES, THOMAS P.,III 302 TIMBERCOVE CIRCLE LONGWOOD FL	igent and title if applic	DELETE  DELETE  DELETE	13. 1.1 TITI 12 NAN 1.3 STF 1.4 CIT 2.1 TITI 2.2 NAI 2.3 STF 2.4 CIT 3.1 TITI 3.2 NAI 3.3 STT 4.2 NAI 4.3 STT 4.2 NAI 5.3 STT 5.2 NAI 5.3 STT 5.4 CIT	Agent LE ME REET, LE ME REET LE ME REET LE ME REET LE ME REET Y-S1 LE ME REET Y-ST	ADDRESS -ZIP  ADDRESS -ZIP  ADDRESS -ZIP  ADDRESS -ZIP  ADDRESS -ZIP  ADDRESS			RGES TO C		RS AND	☐ Change ☐ Change ☐ Change	Additi
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered a OFFICERS A DPT GILES, THOMAS P.,III 302 TIMBERCOVE CIRCLE LONGWOOD FL	igent and title if applic	ABDE (NOTE  RS  DELETE  DELETE	13. 1.1 TITI 12 NAN 1.3 STF 1.4 CIT 2.1 TITI 2.2 NAI 2.3 STF 2.4 CIT 3.1 TITI 3.2 NAI 3.3 STT 4.1 TITI 4.2 NAI 4.3 STT 4.4 CIT 5.1 TITI 5.2 NAI 5.3 STT 5.4 CIT 6.1 TITI 6.1 T	Agent LE ME REET LE ME REET LE ME REET LE ME REET TY-SI LE ME REET TY-SI LE ME REET TY-SI LE	ADDRESS -ZIP  ADDRESS -ZIP  ADDRESS -ZIP  ADDRESS -ZIP  ADDRESS -ZIP  ADDRESS			RGES TO C		RS AND	☐ Change ☐ Change ☐ Change	Additi
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered a OFFICERS A DPT GILES, THOMAS P.,III 302 TIMBERCOVE CIRCLE LONGWOOD FL	igent and title if applic	DELETE  DELETE  DELETE	13. 1.1 TITI 12 NAN 1.3 STF 1.4 CIT 2.1 TITI 2.2 NAI 2.3 STF 2.4 CIT 3.1 TITI 3.2 NAI 3.3 STF 4.4 CIT 4.1 TITI 4.2 NA 4.3 STT 5.1 TITI 5.2 NAI 5.3 STT 6.1 TITI 6.2 NAI 6.2 TITI 6.2 TITI 6.2 TITI 6.2 TITI 6.2 TI	Agent LE ME REET ME	ADDRESS -ZIP  ADDRESS -ZIP  ADDRESS -ZIP  ADDRESS -ZIP  ADDRESS -ZIP  ADDRESS			GES TO C		RS AND	☐ Change ☐ Change ☐ Change	Additi

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: