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

Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90150 003 ***150.00

DOCUMENT # K52643

THE SAMUEL JAMES COMPANY

1112 974		_					
Principal Plac	e of Business	Mailing Address			1 INT. ST. SEL BILLS HOLD ST. H. STEER HALL ST.		411 81811 1481
2311 N ORANGE AVE 2311 N ORANGE							
ORLANDO FL 32804 ORLANDO FL 32804					DO NOT MIDITE IN THIS	CDACE	
US US					DO NOT WRITE IN THIS	SPACE	
					3. Date Incorporated or Qualifed		1
		O Malling Address			12/12/1988 4. FEI Number		olied For
— ·	lace of Business		2a. Mailing Address		59-2921925	<u> </u>	Applicable
21 1806	26 1806 HAMMER Suite, Apt. #, etc.	HAMMERLIN AVE.		<u> </u>	\$8.75 A		
Suite, Apt.	#, etc.	—	27		5. Certificate of Status Desired	Fee Re	
City & Stat		City & State			6. Election Campaign Financing	\$5.00	May Be
¬ '					Trust Fund Contribution	Added to	
23 ORLA Zip	NDO FL Country	28 ORLANDO, FL	Country		8. This corporation owes the current year Int.	angible	
3280		29 32803 30	٦ <u> </u>		Personal Property Tax.		□No
24 3200	9. Name and Address of Curren				10. Name and Address of New Registered	Agent	
			81	Name			
CLO	SE, S. JAMES			O4 4. A	CLOSE, S. JAMES		
2311 NORTH ORANGE AVE				82 Street Address (P.O. Box Number is Not Acceptable) 1806 HAMMERLIN AVE			
ORL	ANDO FL 32804		83		TOOO III WILLIAM TAXAS		
			84	City	ORLANDO FL	85 Zip C	2803
11 Purcuant	to the provisions of Sections 607 050	2 and 607 1508 Florida Statutes.	the above	e-named o	corporation submits this statement for the purpose of	changing its	registered
office or a	enistered agent or both in the State.	of Florida. Such change was auth	orized by	tne corpo	ration's board of directors. I hereby accept the appoi	ntment as reg	gistered
agent. I a	m familiar with, and accept the obliga	tions of, Section 607,0505, Florida	a Statutes	•			J
SIGNATURE:	Signature, typed or printed name of registered ager	nt and title if applicable (NOTE: Re	nietered Aner	t signature re	equired when reinstating) DATE		
12.	3	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTO	RS IN 12
TMLE	P	☐ DELETE	1.1 TITLE		P	Change	Addition
NAME	CLOSE, S. JAMES		1.2 NAME		CLOSE, S. JAMES		
STREET ADDRESS	*		1.3 STREET	ADDRESS	•		
CITY-ST-ZIP	ORLANDO FL 32804		1.4 CITY-S		1806 HAMMERLIN AVE.		
TITLE	0110111011011	☐ DELETE	2.1 TITLE		ORLANDO, FL 32803	Change	Addition
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREE	ADDRESS	•		
			2.4 CITY-S				.
CITY-ST-ZIP TITLE	 	☐ DELETE 3.1				☐ Change	Addition
NAME		ļ	3.2 NAME	İ			
STREET ADDRESS			3 3 STREE	ADDRESS			Ì
CITY-ST-ZIP			3.4. CITY- S				
TITLE		☐ DELETE	4.1 TITLE			Change	Addition
NAME			4. 2 NAME	Ì			
STREET ADDRESS				FADDRESS	•		
		ļ	4.4 CITY-S				
CITY-ST-ZIP TITLE		DELETE	5.1 TITLE	1.211		Change	☐ Addition
NAME		_	5.2 NAME	Ì			
STREET ADDRESS			5.3 STREE	TADDRESS			
			5.4 CITY-S	T-ZIP			
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TITLE			Change	☐ Addition
			6.2 NAME			-	
NAME	{		,	raddress			{
STREET ADDRESS			6.4 CITY-S				ļ
CITY-ST-ZIP	l .						

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 of an attachment with an address, with all other like empowered.

SIGNATURE:

ID TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

407 876 00 43