

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

000847

**PROFIT CORPORATION ANNUAL REPORT 1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

99 SEP 30 PM 1:17

DOCUMENT # **P94000012521**

1. Corporation Name  
**SAMAR, INC.**



Principal Place of Business  
**3114 THOMAS DRIVE  
 PANAMA CITY BEACH FL 32408**

Mailing Address  
**3114 THOMAS DRIVE  
 PANAMA CITY BEACH FL 32408**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 21 |  
 Suite, Apt. #, etc.  
 22 |  
 City & State  
 23 |  
 Zip  
 24 | Country  
 25 |

2a. Mailing Address  
 26 |  
 Suite, Apt. #, etc.  
 27 |  
 City & State  
 28 |  
 Zip  
 29 | Country  
 30 |

3. Date Incorporated or Qualified  
**02/15/1994**

4. FEI Number  
**59-3224937** Applied For Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property.  Yes  No

9. Name and Address of Current Registered Agent

**HESS, BRIAN D  
 9108 FRONT BEACH ROAD  
 PANAMA CITY BEACH FL 32407**

10. Name and Address of New Registered Agent

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
**200003006072-5**  
**-10/05/99--01084--013**  
 84 City **\*\*\*550 00 FL \*\*\*550.00**

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 (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>NEWTON, MARTHA</b>	
STREET ADDRESS	<b>3114 THOMAS DRIVE</b>	
CITY-STATE-ZIP	<b>PANAMA CITY BEACH FL 32408</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>NEWTON, SAMUEL T</b>	
STREET ADDRESS	<b>3114 THOMAS DRIVE</b>	
CITY-STATE-ZIP	<b>PANAMA CITY BEACH FL 32408</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-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.

SIGNATURE: *Samuel T Newton* **9/23/99** **850 832 8300**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/99)