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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000064235

1. Corporation Name

FILED Apr 13, 1999 8:00 am Secretary of State

04-13-1999 90058 016 ***150.00

DURBIN	SAMPSON, INC.						Į.					
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Principal Plac	e of Business		Mailing Address				1 1881 681 118 1911 6			HILA BIB II		((8) 8)14 1881
11065 OLD DIX			11065 OLD DIXIE HWY.				,					
ST. AUGUSTINE FL 32095 ST. AUGUSTINE FL 32095				195			, po	NOT WRI	TE IN THIS	SPACI	E	•
							3. Date Incorporated or					
							08/25/1994					
2. Principal P	lace of Business		2a. Mailing Address				4. FEI Number				App	lied For
21	<u> </u>		26				59-3263024	59-3263024			Not	Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				5. Certificate of Status D	Desired				dditional
22			27								ee Req	
City & Stat	te		City & State				6. Election Campaign F	•		•		/ay Be
23			28 Zip	Co	untry		Trust Fund Contribut	·			lded to	rees
Zip	Country	/	⊢ '	30	unuy		 8. This corporation owe Personal Property Ta 		ent year into	angible Yes⊡		□No
24	25 9 Name and Addre	ss of Current	29 Registered Agent	30	Τ		10. Name and Address		Registered A		<u>,</u>	
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ELEI	FANT, FRED	•			82	Ctroot As	Idress (P.O. Box Number is No	at Assants	able)			
1650	PRUDENTIAL DRIVE				02	Street At	idless (F.O. box Number is No	ы Ассери	able)			
	TE 105				83							
JAC	KSONVILLE FL 32207	•			84	Oit.				85	Zip Co	nda
						City			FL		•	
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11, Pursuant	to the provisions of Sect	ions 607.0502	and 607.1508, Florida St	atutes, the a	above-	named co	proporation submits this stateme	ent for the	purpose or	changii	ng its r	ictored
11. Pursuant office or i agent. I a	to the provisions of Sect registered agent, or both am familiar with, and acco	ions 607.0502 in the State of opt the obligation	and 607.1508, Florida St Florida, Such change wans of, Section 607.0505,	atutes, the a s authorize Florida Sta	above- d by th tutes.	named co he corpora	orporation submits this statemention's board of directors. I her	ent for the eby acce	purpose of pt the appoil	changii ntment	as regi	istered
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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: