FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

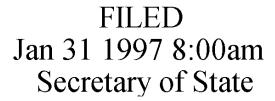
Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P96000014648 (5)

SAMPSON ENGINEERING, INC.





Principal Place of Business Mailing Address 1712 INDEPENDENCE AVE 1712 INDEPENDENCE AVE MELBOURNE FL 32940 MELBOURNE FL 32940-6948									
						3. Date incorporated or Qualifie 02/13/1996	d 3a.	Date of Last R	eport
2. Principal Place of Business 2a. Mailing Address						4. EELNumber		Ap	optied For
21		26			39-336287	6	No	ot Applicable	
Suite, Apt.		Suite, Apt. #, etc.			5. Certificate of Status Desired See Required \$8.75 Additional Fee Required				
City & State	9	City & State			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees				
Zip	Country	Zip	Country			8. This corporation has liability for intangible tax under s. 199.032,			
24	25 29 30		30		Florida Statutes Yes No 10. Name and Address of New Registered Agent				
DOW	9. Name and Address of Curre	nt Hegistered Agent		81	Name	10. Name and Address of New	Hegister	ed Agent	
	D, JOEL E			<u> </u>					
	MURRELL RD, SUITE 100 BOURNE FL 32940			82	Street Addr	ess (P.O. Box Number is Not Accep	table)		
				83					
				84	City	· · · · · · · · · · · · · · · · · · ·	·	85 Zip	Code
44 Directions	to the provisions of Continue CO2 OF	00 and £07 1£00 Elarida Etal	tutos the et	<u></u>	onmod onen	aration automita this statement for th	•	-	to conjetorod
office or r agent. La	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblic	e of Florida. Such change wa gations of, Section 607.0505,	s authorized Florida Stat	d by utes	the corporati	ion's board of directors. I hereby ac	cept the	appointment as	registered
SIGNATURE							·		
12.	Signature, typed or printed name of registered a:	ID DIRECTORS	13,	Age	int signature require	ed when reinstating) ADDITIONS/CHANGES TO OF	DAT FICERS		
TITLE	O O O O O O O O O O O O O O O O O O O	DELETE	1.1 10	TLE		ADDITIONS/CITATOES TO OF	TIOLING	Change	Addition
NAME	POWEL, SAMUEL F III		1.2 N			•			
STREET ADDRESS	4740 HIDEOCHDENOE AND		1.3 ST	REET	ADDRESS				
CITY-S1-ZIP	MELBOURNE FL 32940		1.4 CF						
1/JLE	D	DELETE	2.1 11					Change	Addition
NAME	POWEL, ANNE M		2.2 N/	2.2 NAME					
STREET ADDRESS	1712 INDEPENDENCE AVE	2.5		2.3 STREET ADORESS					
CITY - ST - ZIP	MELBOURNE FL 32940				ST - ZIP .				
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NAME	,		3.2 N/	AME					
STREET ADDRESS			3.3 ST	rreet	ADDRESS				
CITY-S*-ZIP					ST-ZIP	:		F-1 2	
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NAME			4. 2 N			•			ĺ
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TITLE		☐ netele	51 II 52 N					L., change	וויין אטטונוטיו
NAME DARCE ASSOCIATE			B		ADDDCCC				
STREET ADDRESS					ADDRESS				
CITY - ST - ZIP TITLE					IT-ZIP	·		Change	Addition
NAME		Jittir	DELETE 6.1 TITLE 6.2 NAME			•		- vinite	
STREET ADDRESS					ADDRESS				ļ
			1		. [
CITY-ST-ZIP	by cartify that the information supplies	ad with this filing does not au			iT-ZIP	in Section 119 07(3)(i) Florida Sta	utos I fur	ther certify that	the

The information indicated on this annual epitror 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 I am an officer or director of the o appears in Block 12 or Block 12 if

SIGNATURE: