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Apr 03 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000102178 (6)

1. Corporation Name

SAM ALLISON ENTERPRISES, INC.

Principal Place of Business

P.O. BOX 2153
CLEWISTON FL 33440

Mailing Address

P.O. BOX 2153
CLEWISTON FL 33440-2153

3. Date Incorporated or Qualified

12/18/1996

3a. Date of Last Report

N/A

2. Principal Place of Business

21 167 Kilpatrick Drive

Suite, Apt. #, etc.

22

City & State

23 Clewiston, Florida

Zip

24 3 3 4 4 0

Country

25 Hendry

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

4. FEI Number

65-0713510

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 has liability for intangible tax under s. 199.032,
Florida Statutes

Yes ☐ No ☒

9. Name and Address of Current Registered Agent

MCGAHEE, MELANIE
333 SOUTH COMERCIO STREET
SUITE 8
CLEWISTON FL 33440

10. Name and Address of New Registered Agent

81 Name

Melanie A. McGahee

82 Street Address (P.O. Box Number is Not Acceptable)

417 West Sugarland Highway

83

84 City

Clewiston

FL

85 Zip Code

3 3 4 4 0

11. Pursuant to the provisions of Sections 607.02 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

Melanie McGahee

Melanie A. McGahee

03/18/97

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME ALLISON, SAMUEL
STREET ADDRESS P.O. BOX 2153 N/A
CITY-ST-ZIP CLEWISTON FL 33440

TITLE ☐ DELETE
NAME ALLISON, JANE
STREET ADDRESS P.O. BOX 2153 N/A
CITY-ST-ZIP CLEWISTON FL 33440

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 ALLISON

Sam Allison 3/25/97

Date

Daytime Phone # 0007191

CR2E034 (9/96)