

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

FILED  
Mar 10 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000046119 (8)**

1. Corporation Name

**SAM ENTERPRISES OF CHARLOTTE COUNTY, INC.**

Principal Place of Business

Mailing Address

**% MR. CAROL MCATEE  
7973 THIRD AVENUE SOUTH  
ST PETERSBURG FL 33707**

**% MR. CAROL MCATEE  
7973 THIRD AVENUE SOUTH  
ST PETERSBURG FL 33707**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**05/23/1997**

Applied For  
Not Applicable

2. Principal Place of Business  
21 **1544-F Market Circle**

Suite, Apt. #, etc.

2a. Mailing Address  
26 **1544-F Market Circle**

Suite, Apt. #, etc.

4. FEI Number  
**65-0772380**

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

22 City & State  
23 **Port Charlotte, FL**

Zip  
**33953**

Country  
**Charlotte**

27 City & State  
28 **Port Charlotte, FL**

Zip  
**33953**

Country  
**Charlotte**

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

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MCATEE, CAROL  
7973 THIRD AVENUE SOUTH  
ST PETERSBURG FL 33707**

81 Name  
**Adrian Moore**

82 Street Address (P.O. Box Number is Not Acceptable)  
**1544-F Market Circle**

83

84 City  
**Port Charlotte**

FL

85 Zip Code  
**33953**

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

*A.R. Moore*

**A. R. MOORE (PRESIDENT)**

**02/28/98**

Signature, typed or printed name of registered agent and date of application

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>P Adrian Moore</b>
1.3 STREET ADDRESS	<b>1544-F Market Circle</b>
1.4 CITY-ST-ZIP	<b>Port Charlotte, FL 33953</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-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:

*A.R. Moore* **A. R. MOORE**

**02/28/98 (941) 624-3044**

CP2E034 (10/97)