

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Mar 24, 1999 8:00 am  
Secretary of State

03-24-1999 90047 049 \*\*\*158.75

DOCUMENT # P980000023788

1. Corporation Name  
SAM'S AUTO SALES, INC.

Principal Place of Business

4190 HIGHWAY 441 S.E.  
OKEECHOBEE FL 34974

Mailing Address

P.O. BOX 3191  
OKEECHOBEE FL 34974

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/12/1998

4. FEI Number

65-0821852

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 Tax.

☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 4190 S.E. Hwy. 441

27 Suite, Apt. #, etc.

28 City & State

29 Okeechobee, FL

Zip

30 34974

Country

United States

9. Name and Address of Current Registered Agent

TYLER, JAMES N  
301 N. PARROTT AVENUE  
OKEECHOBEE FL 34973

10. Name and Address of New Registered Agent

81 Name Samuel E. Patterson

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

83 4190 S.E. Hwy. 441

84 City

Okeechobee

FL

85 Zip Code

34974

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 Samuel E. Patterson SAMUEL E. PATTERSON D/P/S/T

03-15-99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME TYLER, JAMES N  
STREET ADDRESS 4190 HWY. 441  
CITY-ST-ZIP OKEECHOBEE FL 34974

☒ DELETE

TITLE DIRECTOR  
NAME Samuel E. Patterson  
STREET ADDRESS 4190 S.E. Hwy. 441  
CITY-ST-ZIP Okeechobee, FL 34974

☐ DELETE

TITLE President  
NAME Samuel E. Patterson  
STREET ADDRESS 4190 S.E. Hwy. 441  
CITY-ST-ZIP Okeechobee, FL 34974

☐ DELETE

TITLE Secretary  
NAME Samuel E. Patterson  
STREET ADDRESS 4190 S.E. Hwy. 441  
CITY-ST-ZIP Okeechobee, FL 34974

☐ DELETE

TITLE Treasurer  
NAME Samuel E. Patterson  
STREET ADDRESS 4190 S.E. Hwy. 441  
CITY-ST-ZIP Okeechobee, FL 34974

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

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

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE: Samuel E. Patterson SAMUEL E. PATTERSON

03-15-99

941-467-6

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)