

**FILED**  
**May 15, 1999 8:00 am**  
**Secretary of State**

05-15-1999 90019 030 \*\*\*150.00

**PROFIT  
 CORPORATION  
 ANNUAL REPORT  
 1999** **(2)**



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

**DOCUMENT # P98000035902**

1. Corporation Name  
**SAMBRO, INC.**

Principal Place of Business  
**1886 S. 14th ST.**  
**4000 SOUTH FLETCHER AVENUE**  
**FERNANDINA BEACH FL 32034**

Mailing Address  
**P.O. Box 1586**  
**4000 SOUTH FLETCHER AVENUE**  
**FERNANDINA BEACH FL 32034**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/20/1998

4. FEI Number

59-3507345

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution ☐\$5.00 May Be  
Added to Fees8. This corporation owes the current year intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 **1886 S. 14th ST**

2a. Mailing Address

26 **P.O. Box 1586**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **FERNANDINA Bch, FL**

27

City &amp; State

City &amp; State

23 **32034 NASSAU**28 **FERNANDINA Bch**

Zip

Country

Zip

Country

24

25

29 **32034**30 **NASSAU**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**POOLE, WESLEY R**  
**303 CENTRE STREET**  
**SUITE 200**  
**FERNANDINA BEACH FL 32034**

81 Name

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

83

84 City

FL

85 Zip Code

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

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 **PD** ☐ DELETE  
 NAME **TOLLISON, HUGH K**  
 STREET ADDRESS **POST OFFICE BOX 1586**  
 CITY-ST-ZIP **FERNANDINA BEACH FL 32035**

TITLE **STD** ☐ DELETE  
 NAME **SMART, SAMMIE LYNN**  
 STREET ADDRESS **POST OFFICE BOX 1586**  
 CITY-ST-ZIP **FERNANDINA BEACH FL 32035**

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

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 807, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)