## 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

## DOCUMENT # \$90228

1. Corporation Name

DAVID SAMP INC.

5308 FLORENTINE COURT	Princ	cipal	Pla	ce of	Busines	35
	5308	FLO	REN	TINE	COURT	

Mailing Address

## **FILED** Apr 30, 1999 8:00 am Secretary of State

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NAME STREET ADDRESS CITY-ST-ZIP  TITLE DELETE 3.1 TITLE NAME STREET ADDRESS 3.2 NAME STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP  DELETE 3.4 CITY-ST-ZIP  DELETE 3.4 CITY-ST-ZIP	Suite, Apt. #, etc.  22  City & State		26 Suite, Apt. #, etc.	-		Date Incorporated or Qualifed     10/28/1991      FEI Number	<u> </u>	lied For
2. Principal Place of Business 2. Mailing Address 5. 4. FEI Number 5.9-3096762   Not Application Sulle, Apt. 4, etc. 5. Sulle, Apt. 4, etc. 5. Certificate of Status Desired Sulle, Apt. 4, etc. 5. Certificate of Status Desired 6. Election Campaign Financing 5.5. 00 May Be Added to Fees 2. Desired 5. Certificate of Status Desired 5. Certificate of Status Desired 5. Certificate of Status Desired 6. Election Campaign Financing 5. 00 May Be Added to Fees 2. Desired 5. Certificate of Status Desired 5. Certificate of Status Desired 6. Election Campaign Financing 5. 00 May Be Added to Fees 2. Desired 5. De	Suite, Apt. #, etc.  22  City & State		26 Suite, Apt. #, etc.	-		4. FEI Number	App	lied For
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City & State	City & State		City & State		•	5. Certifcate of Status Desired	·-	
Zip Country Zip Country Zip Country Registered Agent Solve Personal Property Tax.   Yes   No    SAMP, DAVID SOOR FLORENTINE COURT SPRING HILL FL 34608   81   Name    10. Name and Address of New Registered Agent   10. Name and Address of New Registered Agent   10. Name and Address of New Registered Agent    82   Street Address (P.O. Box Number is Not Acceptable)    83   Name    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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE   Spirature, hyber or printed rame of registered agent and site if applicable   (NOTE Registered Agent signature required when reliability)   DATE    12. OFFICERS AND DRECTORS   13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.    TITLE   D	23		28			1		
SAMP, DAVID 5308 FLORENTINE COURT SPRING HILL FL 34608  81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83	Zip		— · –	¬ `				□No
SAMP, DAVID 5308 FLORENTINE COURT SPRING HILL FL 34608  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 agent, and maintain with, and accept the obligations of, Section 607.0505, Florida Statutes  SIGNATURE  SIGNATURE  12. OFFICERS AND DIRECTORS  SIGNATURE  DFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  NAME  STREETADDRESS  CITY-ST-ZP  SPRING HILL FL  DELETE  1.1 TITLE  DELETE  1.2 AMBE  STREET ADDRESS  CITY-ST-ZP  TITLE  DELETE  1.3 STREET ADDRESS  CITY-ST-ZP  CITY-ST-ZP  TITLE  DELETE  3.1 TITLE  DELETE  3.3 STREET ADDRESS  CITY-ST-ZP  TITLE  DELETE  3.1 TITLE  DELETE  3.2 AMME  3.3 STREET ADDRESS  CITY-ST-ZP  TITLE  DELETE  3.1 TITLE  DELETE  3.1 TITLE  DELETE  3.2 AMME  STREET ADDRESS  CITY-ST-ZP  TITLE  DELETE  3.3 STREET ADDRESS  CITY-ST-ZP  Addition  Addi		me and Address of Current	Registered Agent		•	10. Name and Address of New Registered	Agent	
STREET ADDRESS CITY-ST-ZIP STRING HILL FL STREET ADDRESS CITY-ST-ZIP STREET	CAMP DAV	<b>n</b>		81	Name			
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 agent, and the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent and interest agent and interest agent agent and interest agent along the corporation's board of directors. I hereby accept the appointment as registered agent and interest agent agent and interest agent agent and interest agent agent and interest agent a	5308 FLORE	NTINE COURT		82	Street Addr	ress (P.O. Box Number is Not Acceptable)		
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 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)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  D SAMP, DAVID  SAMP, DAVID  SAMP, DAVID  SAMP, DAVID  SAMP, DAVID  SORET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  1.1 TITLE  Change Addition Addition Addition AMME  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  3.1 TITLE  3.2 NAME  3.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  AMME  STREET ADDRESS  CITY-ST-ZIP  Addition AMME  STREET ADDRESS  CITY-ST-ZIP  TITLE  AMME  STREET ADDRESS  CITY-ST-ZIP  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  LA CITY-ST-ZIP  Change Addition Addition Addition Addition Addition Addition AMME  STREET ADDRESS  CITY-ST-ZIP  Addition Addition AMME  STREET ADDRESS  CITY-ST-ZIP  Addition ADDRESS  CITY-ST-ZIP  Change Addition Addit	SPRING HIL	L FL 34608		83				
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, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  SI				84	City	FL	85 Zip C	ode
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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:**