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

PROFIT CORPORATION ANNUAL REPORT

1998

T-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V37133

(8)

SAMSON VENTURES, INC.

FILED Jan 23 1998 8:00am Secretary of State

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Principal Place 4807 WOODMI TAMPA FL 336 US	ERE RD	Mailing Address 4807 WOODMERE RD TAMPA FL 33609 US		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/19/1992		
2. Principal Pl	ace of Business	2a, Mailing Address			4. FEI Number 59-3235252	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
City & State	3	City & State			6. Election Campaign Financing Trust Fund Contribution	Fee Required \$5.00 May Be Added to Fees
Zip	Country 25	Ζιρ 29	30 Cou	ntry	This corporation owes or has paid the Personal Property Tax due June 30.	· · · · · · · · · · · · · · · · · · ·
	g, Name and Address of Curren	t Registered Agent			10. Name and Address of New Register	ed Agent
SAMSON, BRUCE A				81 Name		
4807 WOODMERE ROAD				82 Street Add	iress (P.O. Box Number is Not Acceptable)	
IAN	TAMPA FL 33609			83		
			i	DA City		Total Tip Code
				84 City	F	85 Zip Code
IGNATURE	m familiar with, and accept the obligation of the obligation of printed name of registered age OFFICERS ANI	ot and title if applicable (NOT	E.		MSON - CHAR RAYAW DAT ADDITIONS/CHANGES TO OFFICERS A	1/0/98 AND DIRECTORS IN 12
u	C	☐ DELETE	1.1 W	LE.		Change Addition
ME	SAMSON, BRUCE A		1.2 N/	· · · · · · · · · · · · · · · · · · ·		
REET ADDRESS	4807 WOODMERE ROAD			REET ADDRESS		·
Y-ST-ZIP	TAMPA FL 33609	☐ DELETE	2.1 Tri	Y-ST-ZIP		Change Addition
AE.	SAMSON, ADAJEAN L		2.2 NA	,		CD Change D yasanin
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		D prerit	6.2 NA			T prioride T vinditing
ADDRESS				REET ADDRESS		

6.4 CITY-ST-ZIP 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 inficer 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 lock 12 or Block 13 if changed, or on an attachment with an address.

111-1001