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

CORPORATION **ANNUAL REPORT** 

1997

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS **FILED** 

May 16 1997 8:00am

Secretary of State

DOCUMENT # V43220

SAMPSON'S ROCK & LANDSCAPE SUPPLIES, INC.

Principal Place of Business Mailing Address 2506 STATE RD. 60 EAST 2506 STATE RD. 80 EAST VALRICO FL 33594-3829 VALRIÇO FL 33594-3828 3. Date Incorporated or Qualified 3a. Date of Last Report 06/11/1992 05/01/1996 4. EFI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-3128443 26 Not Applicable \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No Florida Statutes 24 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name SAMPSON, JAMES B. III 4809 N. COOPER RD. 82 Street Address (P.O. Box Number is Not Acceptable) PLANT CITY FL 33565 83 84 City 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** (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Change DELETE Addition 1.5 TITLE TITLE SAMPSON, JAMES B. III 1.2 NAME NAME 4809 N. COOPER RD. 1.3 STREET ADDRESS STREET ADDRESS PLANT CITY FL 1.4 C/1Y-S1-ZIP CITY-ST-ZIP Change Addition 🔲 DELFTË 2.1 TITLE TITLE SAMPSON, BONNIE L. 2.2 NAME NAME 4809 N. COOPER RD. STREET ADDRESS 2.3 STREET ADDRESS PLANT CITY FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change \_\_\_ Addition 3.1 TITLE TITLE 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-7/P Change Addition DELETÉ 4.1 TITLE TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4,4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE TITLE 5.1 TITLE 5.2 NAME NAME 5 3 STREET ADDRESS STREET ADDRESS 54 CITY-S1-ZIP CITY-ST-ZIP Addition DELETE Change 61 TITLE TITLE 6.2 NAME NAME STREET ADDRESS 63 STREET ADDRESS

14. I do 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.

Winles

812-681-2961