

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

DOCUMENT # **V43220**  
1. Corporation Name  
**SAMPSON'S ROCK & LANDSCAPE SUPPLIES, INC.**

Principal Place of Business  
2506 STATE RD. 60 EAST  
VALRICO FL 33594-3829  
US

Mailing Address  
2506 STATE RD. 60 EAST  
VALRICO FL 33594-3829  
US

**FILED**  
**Sep 15, 1999 8:00 am**  
**Secretary of State**  
09-15-1999 90012 046 \*\*\*550.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>06/11/1992</b>	
4. FEI Number <b>59-3128443</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business		2a. Mailing Address	
21		26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23		28	
Zip	Country	Zip	Country
24		29	
25		30	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
SAMPSON, JAMES B. III 4809 N. COOPER RD. PLANT CITY FL 33565		81 Name <b>Sampson, James B. III</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>7708 Turkey Creek Rd.</b> 83 84 City <b>Plant City, Fl.</b> FL 85 Zip Code <b>33567</b>	

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 *James B. Sampson* DATE **8/17/99**

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 <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAMPSON, JAMES B. III	1.2 NAME	
STREET ADDRESS	4809 N. COOPER RD.	1.3 STREET ADDRESS	7708 Turkey Creek Rd.
CITY-ST-ZIP	PLANT CITY FL	1.4 CITY-ST-ZIP	Plant City, FL 33567
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAMPSON, BONNIE L.	2.2 NAME	
STREET ADDRESS	4809 N. COOPER RD.	2.3 STREET ADDRESS	7708 Turkey Creek Rd.
CITY-ST-ZIP	PLANT CITY FL	2.4 CITY-ST-ZIP	Plant City, FL 33567
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(f), 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.

SIGNATURE: *James B. Sampson* DATE: **8/17/99** **813-681-8961**

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CR2E034 (5/99)