

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 332086

Entity Name: SAMS L.P. GAS COMPANY**Current Principal Place of Business:**8222 S ORANGE AVE
ORLANDO, FL 32809**Current Mailing Address:**P O BOX 593641
ORLANDO, FL 32859-3641 US**FEI Number:** 59-1215549**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SAMS, KAREN J
8222 S ORANGE AVE
ORLANDO, FL 32809 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	P
Name	SAMS, RANDAL J
Address	8936 SOUTH BAY DR
City-State-Zip:	ORLANDO FL 32819
Title	S
Name	SAMS, JESSICA J
Address	P O BOX 593641
City-State-Zip:	ORLANDO FL 32859-3641

Title	VP
Name	SAMS, KAREN
Address	8936 SOUTH BAY DR
City-State-Zip:	ORLANDO FL 32819
Title	T
Name	SAMS ANDERSON, THELMA J
Address	P O BOX 593641
City-State-Zip:	ORLANDO FL 32859-3641

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: KAREN J SAMS

VP

01/23/2014

Electronic Signature of Signing Officer/Director Detail_____
Date