

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

DOCUMENT # 219901 (6)

1. Corporation Name
CLYDE W. SIMPSON & CO.

95 MAR 14 AM 8:13

Principal Place of Business Mailing Address
1450 RIVERSIDE AVE #300 1450 RIVERSIDE AVE #300
P. O. BOX 14657 P. O. BOX 14657
JACKSONVILLE FL 32238-1657 JACKSONVILLE FL 32238-1657

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/04/1959	3a. Date of Last Report 03/21/1994
21	State, Apt. #, etc.	26	State, Apt. #, etc.	4. FEI Number 59-0894612	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	25	29	30	8. This corporation has liability for intangible tax under S. 190.03, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
LINDNER, SMITH, JR. 4250 LAKESIDE DR. JACKSONVILLE FL 32205				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	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 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: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	6443 LUCENTE DR. JACKSONVILLE FL	12 NAME	
CITY - ST - ZIP	JACKSONVILLE FL	13 STREET ADDRESS	
TITLE	D	14 CITY - ST - ZIP	
NAME	SMITH, LINDNER JR.	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	4250 LAKESIDE DR. JACKSONVILLE FL	22 NAME	
CITY - ST - ZIP	JACKSONVILLE FL	23 STREET ADDRESS	
TITLE		24 CITY - ST - ZIP	
NAME		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		32 NAME	
CITY - ST - ZIP		33 STREET ADDRESS	
TITLE		34 CITY - ST - ZIP	
NAME		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		42 NAME	
CITY - ST - ZIP		43 STREET ADDRESS	
TITLE		44 CITY - ST - ZIP	
NAME		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		52 NAME	
CITY - ST - ZIP		53 STREET ADDRESS	
TITLE		54 CITY - ST - ZIP	
NAME		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		62 NAME	
CITY - ST - ZIP		63 STREET ADDRESS	
		64 CITY - ST - ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this renewal report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made in person. 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: Clyde W. Simpson Date: 3/14/95
MANUAL OR TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #