

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

**APPROVED AND FILED**

**95 APR 21 AM 9:27**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**CORPORATION ANNUAL REPORT 1995**

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



**DOCUMENT # 219961 (0)**

1. Corporation Name  
**COOPER, SIMMS, NELSON & MOSLEY, INC.**

Principal Place of Business      Mailing Address

**271 W. CANTON AVENUE  
P.O. BOX 1480  
WINTER PARK FL 32789**

**271 W. CANTON AVENUE  
P.O. BOX 1480  
WINTER PARK FL 32789**

DO NOT WRITE IN THIS SPACE.

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**      **25**      **29**      **30**

3. Date Incorporated or Qualified      3a. Date of Last Report

**01/01/1959**      **04/04/1994**

4. FEI Number      Applied For

**59-0863720**      Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution       **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes       Yes       No

9. Name and Address of Current Registered Agent

**SIMMS, BRITAIN A.  
271 W CANTON AVE  
WINTER PARK FL 32789**

10. Name and Address of New Registered Agent

**81** Name

**82** Street Address (P.O. Box Number is Not Acceptable)

**83**

**84** City      **FL**      **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      Signature, typed or printed name of registered agent and title if applicable      NOTE: Registered Agent signature required when re-registering      DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>VD</b>
NAME	<b>SIMMS, S. A.</b>
STREET ADDRESS	<b>271 W CANTON AVE</b>
CITY - ST - ZIP	<b>WINTER PK, FL 00000</b>
TITLE	<b>PD</b>
NAME	<b>SIMMS, B A</b>
STREET ADDRESS	<b>271 W CANTON AVE</b>
CITY - ST - ZIP	<b>WINTER PK, FL 00000</b>
TITLE	<b>VD</b>
NAME	<b>MOSLEY, L H</b>
STREET ADDRESS	<b>271 W CANTON AVE</b>
CITY - ST - ZIP	<b>WINTER PK, FL 00000</b>
TITLE	<b>VD</b>
NAME	<b>SIMMS, ROBERT B</b>
STREET ADDRESS	<b>271 W CANTON AVE</b>
CITY - ST - ZIP	<b>WINTER PARK FL</b>
TITLE	<b>VD</b>
NAME	<b>HAVRON, JR J R</b>
STREET ADDRESS	<b>271 W CANTON AVE</b>
CITY - ST - ZIP	<b>WINTER PARK FL</b>
TITLE	<b>SD</b>
NAME	<b>PEERY, SANDRA K</b>
STREET ADDRESS	<b>271 W CANTON AVE</b>
CITY - ST - ZIP	<b>WINTER PARK FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 907, Florida Statutes; and that my name appears in Block 12 or Block 13 if appropriate, on an addition sheet with an address.

**SIGNATURE:** *Brittain A. Simms*      **Brittain A. Simms**      **4/18/95**      **407/644-8689**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #