## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

**4040 HICKORY STREET** 

SEBASYIAN FL 32978



FLORIDA DEPARTMENT

Sandra B. Morth

Secretary of State DIVISION OF CORPOR

DOCUMENT # J24870
1. Corporation Name
SIMES CONSTRUCTION COMPANY INC.

(4)

Mailing Address

2a. Mailing Address

4040 HICKORY STREET

SEBASTIAN FL 32976-2950

ONS

STATE

**FILED** Jul 30 1997 8:00am Secretary of State

3a. Date of Last Report

04/30/1996

3. Date Incorporated or Qualified

07/21/1986

Suite, Apt. #, etc.		Suite, Apt. #, etc.			U1/21/1800	04/3	U4/3U/ 1880	
22		I ¬1			4. FEI Number		Ap	plied For
City & State		27			26-4640361		No	t Applicable
23		City & State					\$8.75 A	
Zip		28			<ol><li>Certificate of Status Desired</li></ol>	$\mathcal{U}$	Fee Re	
· ·	Country	Zip	Co					·
24	25	29	30		6. Election Campaign Financing		\$5.00	
	9. Name and Address of Curren	t Registered Agent	1301	İ	Trust Fund Contribution	_Ц	Added to	o Fees
SIMES,	CARROLL			У	B. This corporation has liability for	intangible	tax under s.	199.032,
4040 H	OKORY STREET		•		Florida Statutes	Yes [	□No	
SERAS"	TIAN FL 32976				10. Name and Address of New Re	gistered /	Agent	
1				1 Name				
ļ								
				2 Street A	ddress (P.O. Box Number is Not Acceptal	ole)		
<u> </u>							· · · · · · · · · · · · · · · · · · ·	
11. Pursuant to the	he provisions of Sections 607.0502 stered agent, or both, in the State	and 607 1509 Finish Out	·	3				
BORN Lam I	rie provisions of Sections 607.0502 stered agent, or both, in the State ( amiliar with, and accept the obliga	of Florida. Such change was	tes, the a	4 City			85 Zip C	`odo
	amiliar with, and accept the obligation	tions of, Section 607.0505, F	lorida Sta	- City		FL	<b>63</b>   20 C	2006
I OIOIWATURE	· · · · · · · · · · · · · · · · · · ·			ve-named o	corporation submits this statement for the p	ourpose of	changing its	s registered
12.	ature, typed or printed name of registered agent	and title if appricable (NO)		by the corpo	pration's board of directors. I hereby acce	ot the appr	ointment as r	registered
TITLE DE	OFFICERS AND	DIRECTORS	13.	es.				
NAME SI	ME8, CARROLL	DELETE	1.1 T		equired when reinstating)	DATE		
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STREET ADORESS 40	A UICKOUL SIMEEL		1.3 \$		ADDITIONS OF ANGLE TO OFFIC	TENO AND	Change	Addition
	Bastian FL						☐ Change	C Addition
TITLE		DELETE	1.4 C AI					
NAME SIA	MB8, GENEVA	L vicen		et address				
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CITY-ST-ZIP SE	Bastian FL		2.3 S				☐ Change	Addition
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NAME		DELETE	31 T	ET ADDRESS				
STREET ADDRESS			3.2 N	-ST-ZIP				
CITY-ST-ZIP			3.3 S				Change	Addition
TITLE			3.4.					
		DELETE	4.3					
NAME			1.0	ET ADDRESS				
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CITY-ST-ZIP			4.3 S				☐ Change	Addition
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CITY-ST-ZIP			5.3 \$ .E				Change	Addition
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			C D .					
STREET ADDRESS				ST - ZIP				4 4 4 4 5 6 6
ITY-ST-ZIP			635 LE				☐ Change	☐ Addition
I do hereby certi	ly that the information supplied with	this filing does not qualify	6.4 t					
l am an officer of	director of the correction	emental annual report is true	and	ET ADDRESS				
appears in Block	ry that the information supplied wit ated on this annual report or suppl r director of the corporation or the c 12 or Block 13 if shanged, or or a	eceiver or Mustee empowere	ed to	ST-ZIP				
	diane	AA		emption sta	ited in Section 119.07(3)(i), Florida Statute	s. I further	certify that t	he
SIGNATURE		May RECEI	CO	curate and t	hat my signature shall have the same lega port as required by Chapter 607, Florida S	I effect as	it made und	ler oath; that
	SIGNATURE AND CLASS	IN PROPERTY.		COLC THIS IC	port as required by enapter our, Florida a	advics, at	to that my na	arne