

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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May 04, 1999 8:00 am  
Secretary of State

05-04-1999 90204 006 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **K47793**

1. Corporation Name  
**E. B. SIMMONDS ELECTRICAL, INC.**



Principal Place of Business <b>4406 EXCHANGE AVE #105 NAPLES FL 34104-024 US</b>	Mailing Address <b>4406 EXCHANGE AVE #105 NAPLES FL 34104-024 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>	3. Date Incorporated or Qualified <b>11/29/1988</b>	4. FEI Number <b>65-0086160</b>	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	
City & State <b>23</b>	City & State <b>28</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	
Zip <b>24</b>	Country <b>25</b>	Zip <b>29</b>	Country <b>30</b>	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent <b>SIMMONDS, E. B. 4406 EXCHANGE AVE #105 NAPLES FL 34104-7024</b>		10. Name and Address of New Registered Agent		
		81 Name		
		82 Street Address (P.O. Box Number is Not Acceptable)		
		83		
		84 City	<b>FL</b>	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 reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PC <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SIMMONDS, E. B.</b>	1.2 NAME	
STREET ADDRESS	<b>1014 BROAD AVE N</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NAPLES FL</b>	1.4 CITY-ST-ZIP	
TITLE	TS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SIMMONDS, LYNE</b>	2.2 NAME	
STREET ADDRESS	<b>1014 BROAD AVE N</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NAPLES FL</b>	2.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SIMMONDS, EUGENE B SR</b>	3.2 NAME	
STREET ADDRESS	<b>116 VERSAILLE CIR</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NAPLES FL</b>	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)(i), 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, with all other like empowered.

SIGNATURE: *E. B. Simmonds* SIGNATURE REQUIRED  
Date: 4/29/99 Daytime Phone #: 941-683-2770

CR2E034 (11/98)