

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 AM 10:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000056015 (8)

1. Corporation Name

WILLIAM E. SIMMONS, INC.

Principal Place of Business

**1501 SAUTERN DR
FT MYERS FL 33919**

Mailing Address

**1501 SAUTERN DR
FT MYERS FL 33919**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/28/1994

3a. Date of Last Report

2. Principal Place of Business

21 905 S.E. 14TH PLACE

2a. Mailing Address

26 12985 BEACON COVE LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE E

27

City & State

City & State

23 CAPE CORAL, FL

28 FT. MYERS, FL

Zip

Country

Zip

Country

24 33990

25 LEE

29 33919

30 LEE

4. FEI Number

65-0517671

Applied For

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

**SIMMONS, WILLIAM E
1501 SAUTERN DR
FT MYERS FL 33919**

10. Name and Address of New Registered Agent

81 Name SIMMONS, WILLIAM E.

**82 Street Address (P.O. Box Number is Not Acceptable)
12985 BEACON COVE LN.**

83

84 City FT. MYERS

FL

85 Zip Code 33919

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 transferring)

DATE

12. OFFICERS AND DIRECTORS

**TITLE D
NAME SIMMONS, WILLIAM E
STREET ADDRESS 1501 SAUTERN DR
CITY - ST - ZIP FT MYERS FL 33919**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

**1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 12985 BEACON COVE LN.
1.4 CITY - ST - ZIP FT. MYERS, FL 33919**

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

**2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP**

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

**3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP**

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

**4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP**

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

**5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP**

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

**6.1 TITLE ☐ Change ☐ 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 119.07(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Will E S

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM E. SIMMONS 4/18/95

Date

Daytime Phone #

(813) 574-2102