

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P95000091673 (0)

1. Corporation Name
SIMMONS FINE ARTS, INC.



Principal Place of Business
722 45TH STREET SARASOTA FL 34234

Mailing Address
722 45TH STREET SARASOTA FL 34234

3. Date Incorporated or Qualified
12/04/1995

3a. Date of Last Report

2. Principal Place of Business
21

2a. Mailing Address
26 **2033 Main Street**

4. FEI Number
65-0631324

Applied For
Not Applicable

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27 **Suite 600**

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

City & State
23

City & State
28 **Sarasota, FL**

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

Zip Country
24 25

Zip Country
29 **34237** 30 **U. S.**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

81 Name **Troy H. Myers, Jr.**

82 Street Address (P.O. Box Number is Not Acceptable)
2033 Main Street, Suite 600

83

84 City **Sarasota** FL 85 Zip Code **34237**

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 *Troy H. Myers, Jr.* **Troy H. Myers, Jr.** DATE **21/19/96**

Signature, typed or printed name of registered agent and this if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	SIMMONS, RONALD D	
STREET ADDRESS	722 45TH STREET	
CITY-ST-ZIP	SARASOTA FL 34234	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SIMMONS, SUSAN I	
STREET ADDRESS	722 45TH STREET	
CITY-ST-ZIP	SARASOTA FL 34234	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	JESSICA M. SIMMONS	
3.3 STREET ADDRESS	443 BURNS COURT	
3.4 CITY-ST-ZIP	SARASOTA, FL 34236	
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	400001791724	
5.3 STREET ADDRESS	-04/24/96--01002--021	
5.4 CITY-ST-ZIP	***200.00	
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 119.07(3)(k), 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: *Jessica M. Simmons* **Jessica M. Simmons** DATE **4-12-96** Daytime Phone #

JES
4-23-96