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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

#### **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## 1999

### DOCUMENT # P97000105150 1. Corporation Name

SIMCO MACHINE & TOOL, INC.

Principal Place of Business

Mailing Address

2029 STATE ROAD 64 WEST AVON PARK FL 33825

2029 STATE ROAD 64 WEST AVON PARK FL 33825

# **FILED** Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90106 027 \*\*\*158.75



DO NOT WRITE IN THIS SPACE

		•			12/15/1997		
2 Principal Pl	ace of Rusiness	2a. Mailing Address			4. FFI Number	Applied For	
2. Principal Place of Business 2a. Mailing Address 2b 2c			997		APPLIED FOR 65-0828066	Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.						5 Additional	
27					5. Certificate of Status Desired & Fe	e Required	
City & State				6. Election Campaign Financing \$5.00 May Be			
28 Avon PARK			Country				
Zip				<i>'</i>	8. This corporation owes the current year Intangible  Personal Property Tax  Pyes  No		
24 25 29 33 82 6 30			<u> </u>	•	Personal Property Tax.		
<del></del>	9. Name and Address of Current	Registered Agent	81				
ZIMMERMAN, DREMA							
2029 STATE ROAD 64 WEST			82	82 Street Address (P.O. Box Number is Not Acceptable)			
AVON PARK FL 33825			83	83			
Avon train to soom							
  -		•	84	City	FL  85	Zip Code	
44 5	1- 1	and 607 1509 Elorida Statutos	the abov	e-named co	progration submits this statement for the purpose of changing	g its registered	
office or ri	enistered agent, or both, in the State 0	at Florida. Such change was auth	norizea dy	une corpora	ation's board of directors. I hereby accept the appointment a	is registered	
agent. I a	m fapilliar with, and accept the obligati	ions of, Section 607.0505, Florida	a Statutes	S.	31/65		
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOTE: Re	edistered Age	nt signature regu	uired when reinstating) DATE		
12.	OPFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRE	CTORS IN 12	
TITLE	D	☐ DELETÉ	1.1 TITLE		. Cha	nge 🔲 Addition	
NAME	ZIMMERMAN, DREMA		1.2 NAME				
STREET ADDRESS			1.3 STREE	TADDRESS			
CITY-ST-ZIP			1.4 CITY-5	ST-ZIP		·	
TITLE	VP	DELETE 2.11			. Cha	nge 🗌 Addition	
NAME	EARLY, MICHAEL D.		2.2 NAME				
STREET ADDRESS	2690 AVON BLVD		2.3 STREE	TADDRESS			
CITY-ST-ZIP	AVON PARK FL 33825		2.4 CITY-	ST- ZIP			
-TITLE		- DELETE	3.1 TITLE		□ Cha	nge	
NAME			3.2 NAME				
STREET ADDRESS	,		3.3 STREE	T ADDRESS			
CITY-ST-ZIP			3.4. CITY-	ST-ZIP	Cha	nge	
TITLE		☐ DELETE	4.1 TITLE		Clia	ingo [_] Addition	
NAME			4.2 NAME				
STREET ADDRESS				TADDRESS			
CITY-ST-ZIP		□ DELETE	4.4 CITY-5	ST-ZIP	☐ Chá	inge Addition	
TITLE		☐ DELETE ·	5.1 TITLE 5.2 NAME			go [	
NAME				T ADDRESS	•		
STREET ADDRESS			5.4 CITY-1	i i	, •	Ì	
CITY-ST-ZIP	<del> </del>	☐ DELETE	6.1 TITLE	01*ZIF	[ ] Cha	unge Addition	
TITLE ·			6.2 NAME				
NAME		•		ET ADDRESS			
STREET ADORESS		•	6.4 CITY-				
CITY-ST-ZIP	1		0.4 UH1143	31^ZIF			

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 change from on an attachment with an address, with all other like empowered.