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Mar 04 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 191831 (7)

1. Corporation Name
TRUMAN SIMS, INC.

Principal Place of Business
55 ROGERS ST
304
CLEARWATER FL 34616
US

Mailing Address
55 ROGERS STREET
#304
CLEARWATER FL 34616-5284
US

3. Date Incorporated or Qualified 03/23/1956	3a. Date of Last Report 02/23/1996
4. FEI Number 59-0769039	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

21 Suite Apt # etc.

22 City & State

23 Zip Country
24 25

2a. Mailing Address

26 Suite Apt #, etc.

27 City & State

28 Zip Country
29 30

9. Name and Address of Current Registered Agent

JOY SIMS
55 ROGERS, ST 304
CLEARWATER, FL
34616

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

TITLE PTD ☐ DELETE
NAME SIMS, E JOY
STREET ADDRESS 55 ROGERS, ST
CITY- ST- ZIP CLEARWATER, FL 00000

TITLE PDT ☒ DELETE
NAME SIMS, TRUMAN
STREET ADDRESS 55 ROGERS, ST
CITY- ST- ZIP CLEARWATER, FL 00000

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP

2.1 TITLE VO ☐ Change ☒ Addition
2.2 NAME HEATHER A. BROCK
2.3 STREET ADDRESS 4464 Fallbrook Blvd
2.4 CITY- ST- ZIP Palm Harbor FL 34685

3.1 TITLE SD ☐ Change ☒ Addition
3.2 NAME William B. Brock
3.3 STREET ADDRESS 4464 Fallbrook Blvd
3.4 CITY- ST- ZIP Palm Harbor FL 34685

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

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 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 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.

SIGNATURE:

E. Joy Sims, Pres 2/27/97 813 446 0856

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)