

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

FILED

Feb 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/23/1956	
21	Suite, Apt. #, etc.	26	4464 Fallbrook Blvd	4. FEI Number	Applied For 59-0769039
22	City & State	27	City & State	5. Certificate of Status Desired	Not Applicable
23	Zip	28	Palm Harbor FL	6. Election Campaign Financing Trust Fund Contribution	\$8.75 Additional Fee Required
24	33756	29	34685	7. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.	\$5.00 May Be Added to Fees
25	Country	30	USA	8. Yes	No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
JOY SIMS 55 ROGERS, ST 304 CLEARWATER FL 34616		81 Name Heather Ann Brock	
		82 Street Address (P.O. Box Number is Not Acceptable) 4464 Fallbrook Blvd	
		83	
		84 City Palm Harbor FL	
		85 Zip Code 34685	

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 607.0503, Florida Statutes.

SIGNATURE: *Heather Ann Brock* DATE: 2/9/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	A/D
NAME	SIMS, E JOY	1.2 NAME	
STREET ADDRESS	55 ROGERS, ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER, FL 00000	1.4 CITY-ST-ZIP	33756
TITLE	VD	2.1 TITLE	
NAME	HEATHER A BROCK	2.2 NAME	
STREET ADDRESS	4464 FALL BROOK BLVD	2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL	2.4 CITY-ST-ZIP	34685
TITLE	SD	3.1 TITLE	S/T/D
NAME	WILLIAM B BROCK	3.2 NAME	
STREET ADDRESS	4464 FALLBROOK BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL	3.4 CITY-ST-ZIP	34685
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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.

SIGNATURE: *William B. Brock* DATE: 2/8/98 813 942 3379

CR2E034 (10/97)