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May 04, 1999 8:00 am
Secretary of State

05-04-1999 90123 042 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 191831

1. Corporation Name
TRUMAN SIMS, INC.

Principal Place of Business

55 ROGERS ST
304
CLEARWATER FL 34616
US

Mailing Address

4464 FALLBROOK BLVD
PALM HARBOR FL 34685
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/23/1956

4. FEI Number

59-0769039

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 owes the current year intangible
Personal Property Tax.

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

BROCK, HEATHER ANN
4464 FALLBROOK BLVD
PALM HARBOR FL 34685

10. Name and Address of New Registered Agent

81 Name

Brock, Heather Ann

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

221 Edgewood Ave

83

84 City

Clearwater

FL

85 Zip Code

33755

11. Pursuant to the provisions of Sections 607.0504 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

Heather A. Brock Vice President

DATE

4/12/99

Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME SIMS, E JOY
STREET ADDRESS 55 ROGERS, ST
CITY-ST-ZIP CLEARWATER, FL 00000 33756

TITLE VD ☐ DELETE

NAME HEATHER A BROCK
STREET ADDRESS 4464 FALL BROOK BLVD
CITY-ST-ZIP PALM HARBOR FL 34685

TITLE STD ☐ DELETE

NAME WILLIAM B BROCK
STREET ADDRESS 4464 FALLBROOK BLVD
CITY-ST-ZIP PALM HARBOR FL 34685

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 ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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 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, with an officer like empowered.

SIGNATURE:

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

727 416 2063

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