

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90005 032 ***158.75

DOCUMENT # 332899

1. Corporation Name

R.R. SIMMONS CONSTRUCTION CORPORATION

Principal Place of Business

3801 SUGAR PALM DR.
TAMPA FL 33619

Mailing Address

3801 SUGAR PALM DR.
TAMPA FL 33619

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/25/1968

4. FEI Number

59-1221161

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

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

SIMMONS, R RANDOLPH III
3801 SUGAR PALM DRIVE
TAMPA FL 33619

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 DC ☐ DELETE

NAME SIMMONS, R RANDOLPH III
STREET ADDRESS 927 N RIVERHILLS DRIVE
CITY-ST-ZIP TEMPLE TERRACE FL

TITLE D ☐ DELETE

NAME SIMMONS, ANN G
STREET ADDRESS 214 N GLEN ARVEN
CITY-ST-ZIP TEMPLE TERRACE FL

TITLE VD ☐ DELETE

NAME SMITH, DARRELL L
STREET ADDRESS 2720 BELL SHOALS ROAD
CITY-ST-ZIP BRANDON FL

TITLE DPST ☐ DELETE

NAME SIMMONS, LINDA O.
STREET ADDRESS 927 N RIVERHILLS DRIVE
CITY-ST-ZIP TEMPLE TERRACE FL

TITLE D ☐ DELETE

NAME SIMMONS, ROBERT R
STREET ADDRESS 214 N GLEN ARVEN DRIVE
CITY-ST-ZIP TEMPLE TERRACE FL

TITLE V ☐ DELETE

NAME LANGER, LINDA W
STREET ADDRESS 4141 BAYSHORE BLVD., #302
CITY-ST-ZIP TAMPA FL 33611

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE V ☐ Change ☐ Addition

1.2 NAME ~~XXXXXXXXXXXXXX~~

1.3 STREET ADDRESS ~~XXXXXXXXXXXXXXXXXX~~

1.4 CITY-ST-ZIP ~~XXXXXXXXXXXXXX~~ ☐ Change ☒ Addition

2.1 TITLE V ☐ Change ☒ Addition

2.2 NAME ZEVALLOS, CESAR A.
2.3 STREET ADDRESS 18027 KINGS PARK DRIVE
2.4 CITY-ST-ZIP TAMPA, FL 33647

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 its 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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

4/29/99 813-623-1791

CR2E034 (11/98)