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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

	MENT # 35712 SIMMONS CONSTRUCTION				
Principal Plac 19 MARGARE ORMOND BE		Mailing Address 19 MARGARET RD. ORMOND BEACH FL 3	2176	DO NOT WRITE IN THIS S	
				3. Date Incorporated or Qualified	
2. Principal P	lace of Business	2a. Mailing Address		12/23/1969 4. FEI Number	Applied For
21		26		59-1287487	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State		City & State		• Floriton Compolers Floring	Fee Required
23		28		8, Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zφ	Country	8. This corporation owes or has paid the cur	rent year Intangible
24	25 Name and Address of Curre	29	30	Personal Property Tax due June 30. Name and Address of New Registered	Yes No
SII.	IMONS, RICHARD J.	ent Registered Agent	81 Name	10. Name and Address of New Registered (Agent
	MARGARET RD.		B2 Street A	Address (P.O. Box Number is Not Acceptable)	
ORMONO BEACH FL 32176-0542				Codess (F.O. Box Number is Not Acceptable)	
			83		
*			84 City	FL	85 Zip Code
11. Pursuant	to the provisions of Sections 607.05	502 and 607,1508, Florida Stat	ules, the above-named of	corporation submits this statement for the purpose of oration's board of directors. I hereby accept the app	changing its registered
office or r agent. I a	egistered agent, or both, in the Sta m familiar with, and accept the obli	te of Florida. Such change was igations of, Section 607.0505.	s authorized by the corp Florida Statutes.	oration's board of directors. I hereby accept the app	ointment as registered
SIGNATURE		,			
40	Signature, typed or printed name of regulered a OFFICERS A	igent and little if applicable (Ni ND DIRECTORS	OTE Registered Agent signature r		DIDECTORS IN 12
12.	8D	DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND	Change Addition
NAME	SIMMONS, ANNEMARIE H.	_	1.2 NAME		_ • _
STREET ADDRESS	19 MARGARET RD		1.3 STREET ADDRESS		
CITY-ST-ZIP	ORMOND BCH., FL 00000		1.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SIMMONS, RICHARD J.		2.2 NAME		
STREET ADDRESS	19 MARGARET RD		2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	ORMOND BCH., FL 00000	DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE		☐ Change ☐ Addition
NAME	SIMMONS, JOHN R.	L DELETE	3.1 MEE 3.2 NAME		outside notified
STREET ADDRESS	19 MARGARET RD		3.3 STREET ADDRESS		
CITY-ST-ZIP	ORMOND BCH., FL 00000		3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4, 2 NAME		
STREET ADORESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		——————————————————————————————————————
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
CITY+ST-ZIP TITLE		DELETE	6.1 117LE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREFT ADDRESS		
CITY OF 310			CACITY CT 210		

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 13 if changed or on an attachment with an address.

CNATURE ATTACK (X CANADA LELA

1122 108 (ON) 776 5676

FILED

May 04 1998 8:00am

Secretary of State