**FILE NOW: FILING FEE AFTER MAY 1 IS $225.00**

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -4 PM 11:41

DOCUMENT # **465985** **(0)**

1. Corporation Name
**ZIMMERMANN ASSOCIATES, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 203 KERNEYWOOD DR<br>POB 2036<br>LAKELAND FL 33806 | 203 KERNEYWOOD DR<br>POB 2036<br>LAKELAND FL 33806 |

DO NOT WRITE IN THIS SPACE.

| | |
|---|---|
| 3. Date Incorporated or Qualified: 12/09/1974 | 3a. Date of Last Report: 03/01/1994 |

| | |
|---|---|
| 2. Principal Place of Business<br>21 203 Kerneywood Dr. | 2a. Mailing Address<br>26 P.O. Box 2036 |
| Suite, Apt. #, etc.<br>22 | Suite, Apt. #, etc.<br>27 |
| City & State<br>23 Lakeland, Florida | City & State<br>28 Lakeland, Florida |
| Zip / Country<br>24 33803 / 25 U.S.A. | Zip / Country<br>29 33806 / 30 U.S.A. |

4. FEI Number: 59-1562750 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| KING (JAN L.)<br>101 MORNINGSIDE DRIVE<br>THE KING BUILDING<br>LAKELAND FLORIDA 33803 | 81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | PDS | 11 TITLE | ☒ Change ☐ Addition |
| NAME | ZIMMERMANN III, G F | 12 NAME | |
| STREET ADDRESS | 203 KERNEYWOOD DR | 13 STREET ADDRESS | |
| CITY-ST-ZIP | LAKELAND, FL 00000 | 14 CITY-ST-ZIP | 33803 |
| TITLE | VP | 21 TITLE | ☐ Change ☒ Addition |
| NAME | ZIMMERMANN, G.F. | 22 NAME | |
| STREET ADDRESS | 203 KERNEYWOOD DR | 23 STREET ADDRESS | |
| CITY-ST-ZIP | LAKELAND FL | 24 CITY-ST-ZIP | 33803 |
| TITLE | | 31 TITLE | ☐ Change ☐ Addition |
| NAME | | 32 NAME | |
| STREET ADDRESS | | 33 STREET ADDRESS | |
| CITY-ST-ZIP | | 34 CITY-ST-ZIP | |
| TITLE | | 41 TITLE | ☐ Change ☐ Addition |
| NAME | | 42 NAME | |
| STREET ADDRESS | | 43 STREET ADDRESS | |
| CITY-ST-ZIP | | 44 CITY-ST-ZIP | |
| TITLE | | 51 TITLE | ☐ Change ☐ Addition |
| NAME | | 52 NAME | |
| STREET ADDRESS | | 53 STREET ADDRESS | |
| CITY-ST-ZIP | | 54 CITY-ST-ZIP | |
| TITLE | | 61 TITLE | ☐ Change ☐ Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY-ST-ZIP | | 64 CITY-ST-ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 above, or on an attachment with an address.

**SIGNATURE:** G. F. Zimmermann III, President 3-27-95 813-682-8874
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date Daytime Phone #

0447180 FP