SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

95 JUL -5 AM 8:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **588455** **(6)**

1. Corporation Name

SIMAGRO, INCORPORATED

Principal Place of Business	Mailing Address
~~2220 PORT STREET NW~~ apt 425 WINTER HAVEN FL 33881 1225 Havendale Blvd NW	~~2220 PORT STREET NW~~ WINTER HAVEN FL 33881

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/27/1978	3a. Date of Last Report: 04/26/1994
4. FEI Number: 59-1852552	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
7. The corporation has taken, or intends to take, action under s. 199.032, Florida Statutes: ☒ Yes ☐ No	

21	2. Principal Place of Business	26	2a. Mailing Address
22	State, Apt. #, etc.	27	State, Apt. #, etc.
23	City & State	28	City & State
24	Zip / 25 County	29	Zip / 30 County

9. Name and Address of Current Registered Agent

HUTCHINSON, JONNIE M, ESQ
150 E HAINES BLVD
LAKE ALFRED, FL
33850

10. Name and Address of New Registered Agent

31 Name	Rosemary F. Simanton apt 425
32 Street Address (P.O. Box Number is Not Acceptable)	1225 Havendale Blvd. N.W.
33	Winter Haven, Fl. 33881-5309
34 City / 35 Zip Code	FL

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: Rosemary F. Simanton (Registered Agent) Rosemary F. Simanton (Name of Registered Agent) June 28, 1995 (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS / CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP	PD SIMANTON, WILLIAM A Deceased 05/94 2220 PORT STREET N.W. Dec. 25, 1994 WINTER HAVEN FL	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP	☐ Change ☐ Addition
21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP	STD SIMANTON, ROSEMARY F. 2220 PORT STREET N.W. WINTER HAVEN FL	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP	☐ Change ☐ Addition
31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP		31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP	☐ Change ☐ Addition
41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP		41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP	☐ Change ☐ Addition
51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP		51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP	☐ Change ☐ Addition
61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP		61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP	☐ Change ☐ Addition

14. I 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 (if changed) or on an attachment with an address.

SIGNATURE: Rosemary F. Simanton
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL

6-28-95 Date (94) 293-8306 Daytime Phone

CR2E034 (3/95)

0150065 FP