FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996

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

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

1. Corporation Name
SIMAGRO, INCORPORATED

Principal Place of Business
1225 HAVENDALE BLVD NW
APT 425
WINTER HAVEN FL 33881
US

Mailing Address
1225 HAVENDALE BLVD NW.
APT 425
WINTER HAVEN FL 33881
US

3. Date Incorporated or Qualified: **09/27/1978**
3a. Date of Last Report: **07/05/1995**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

SIMANTON, ROSEMARY F.
1225 HAVENDALE BLVD. NW
APT. 425
WINTER HAVEN FL 33881

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 607.1505, 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 _____
(If changing Registered Agent, this must be signed by the new registered agent)

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

STD
SIMANTON, ROSEMARY F.
2220 PORT STREET N.W.
WINTER HAVEN FL

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	☒ Change ☐ Addition
1.2 NAME	SIMANTON, ROSEMARY F	
1.3 STREET ADDRESS	1225 HAVENDALE BLVD Apt 425	
1.4 CITY-ST-ZIP	WINTER HAVEN FL 33881	
2.1 TITLE	STD	☐ Change ☒ Addition
2.2 NAME	SIMANTON, DONALD F	
2.3 STREET ADDRESS	6 MEMORY LN	
2.4 CITY-ST-ZIP	SEABROOK TX 77586	
3.1 TITLE	[redacted] D	☐ Change ☒ Addition
3.2 NAME	SILVER, LINDA S. [redacted]	
3.3 STREET ADDRESS	5021 BARRINGTON CIR	
3.4 CITY-ST-ZIP	SARASOTA, FL 34234 3882	
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 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 if changed, or on an attachment with an address.

SIGNATURE: Don F Simanton DON F. SIMANTON 2-24-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)