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Mar 06, 1999 8:00 am
Secretary of State

03-06-1999 90050 024 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 601869

1. Corporation Name

SIMMONS AND HART, P.A.



Principal Place of Business

125 NE 1ST AVE STE 1
P. O. BOX 3310
OCALA FL 34470
US

Mailing Address

125 NE 1ST AVE STE 1
P. O. BOX 3310
OCALA FL 34478
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/24/1969

4. FEI Number

59-1309659

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27. City & State

28

Zip

Country

30

9. Name and Address of Current Registered Agent

HART, KARL V
125 N.E. 1ST AVE., SUITE 1
SUITE 1
OCALA FL 34470

10. Name and Address of New Registered Agent

81 Name Bryce W. Ackerman

82 Street Address (P.O. Box Number is Not Acceptable)

125 NE First Avenue

83 Suite 1

84 City Ocala

FL

85 Zip Code 34470

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 DS
NAME HAINES, TIM D.
STREET ADDRESS 125 NE 1ST AVE STE 1
CITY-ST-ZIP Ocala FL

☐ DELETE

TITLE VD
NAME GRAY, STEVEN H
STREET ADDRESS 125 NE 1ST AVE STE 1
CITY-ST-ZIP Ocala FL

☐ DELETE

TITLE D
NAME AMAT, DANIEL A.
STREET ADDRESS 125 NE 1ST AVE STE 1
CITY-ST-ZIP Ocala FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D/S/T
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☒ Change

☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change

☐ Addition

3.1 TITLE DN
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☒ Change

☐ Addition

4.1 TITLE D/P
4.2 NAME Bryce W. Ackerman
4.3 STREET ADDRESS 125 NE First Avenue Suite 1
4.4 CITY-ST-ZIP Ocala, FL 34470

☐ Change

☒ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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 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

Bryce W. Ackerman

Date

Daytime Phone #

2/22/99

352-732-8121

CR2E034 (11/98)