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

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

**Katherine Harris** 

Secretary of State DIVISION OF CORPORATIONS

## FILED Apr 02, 1999 8:00 am Secretary of State

04-02-1999 90013 050 \*\*\*150.00

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DOCUMENT # 635166					
PAUL SIMS ENTERPRISES, INC.					

Principal Place of Business Mailing Address		- I SABISA MISER CINES DISEN USBIR BICID BILIT GIRLI BIRLI RIBIT AIRIT A			
,	<u>-</u>		•		
402 PROGRESS RD	419 QUAIL HOLLOW RD. ROUTE 1				
ROUTE 1 AUBURNDALE FL 33823	AUBURNDALE FL 33823			DO NOT WRITE IN THIS	SPACE
US				3. Date Incorporated or Qualifed	
				09/05/1979	
2. Principal Place of Business	2a. Mailing Address			4. FEI Number	Applied For
21	26			59-2086270	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
22	- 27		<u>م</u> دستان ۱۰		Fee Required
City & State	City & State			6. Election Campaign Financing	\$5.00 May Be
23	28			Trust Fund Contribution	Added to Fees
Zip Country	Zip	Country	,	8. This corporation owes the current year In	tangible
24 25	29	30		Personal Property Tax.	☐ Yes ☐ No
9. Name and Address of Curren	t Registered Agent		·	10. Name and Address of New Registered	Agent
A		81	Name		
SIMS, PAUL		82	Street Addres	ss (P.O. Box Number is Not Acceptable)	
419 QUAIL HOLLOW RD		02	Street Addres	SS (F.O. DOX Marriage is Not Acceptable)	
ROUTE 1		83			
AUBURNDALE FL 33823		<u> </u>			
		. 84	City `	FL	85 Zip Code
11. Pursuant to the provisions of Sections 607.050	2 and 607.1508, Florida Statute	s, the abov	e-named corpor	ration 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

-3-					
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature	continued when reinstating)	DATE	_ <del></del>
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO		RS IN 12
TITLE	PD DELE			☐ Change	Addition
NAME	SIMS, PAUL ALBERT	1.2 NAME	,		ľ
STREET ADDRESS	419 QUAIL HOLLOW RD	1.3 STREET ADDRESS			
CITY-ST-ZIP	AUBURNDALE FL	1.4 CITY-ST-ZIP			
TITLE	ST DELE	TE 2.1 TITLE		☐ Change	Addition \
NAME	SIMS, JUDY	2.2 NAME	1		}
STREET ADDRESS	419 QUAIL HOLLOW RD	2.3 STREET ADDRESS			
CITY-ST-ZIP	AUBURNDALE FL	2.4 CITY-ST-ZIP	<u></u>	<u> </u>	<u> </u>
TITLE	DELE	STE 3.1 TITLE	Í	Change	☐ Addition
NAME	•	3.2 NAME			
STREET ADDRESS		3.3 STREET ADDRESS			)
CITY-ST-ZIP		3.4. CITY-ST-ZIP			
TITLE	DELE	TE 4.1 TITLE		Change	☐ Addition
NAME		4. 2 NAME		•	Ì
STREET ADDRESS		4.3 STREET ADDRESS	]		
CITY-ST-ZIP		4.4 CITY- ST-ZIP		· · · · · · · · · · · · · · · · · · ·	
TITLE	□ DÉLE	1	· ·	Change	Addition
NAME		5.2 NAME			
STREET ADDRESS		5.3 STREET ADDRESS		" .	
CITY-ST-ZIP		5.4 CITY+ST-ZIP			
TITLE	☐ DELE		1	Change	☐ Addition
NAME		6.2 NAME			ļ
STREET ADDRESS		6.3 STREET ADDRESS		Sec. 1184 11 11 11 11 11	
CITY-ST-ZIP	•	6.4 CITY-ST-ZIP		• <u> </u>	

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.