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 # **674556** **(6)**

1. Corporation Name
KATHY A. SIMONDS, P.A.

Principal Place of Business
6100 GULF OF MEXICO DR.
C/O KATHY A. SIMONDS
LONGBOAT KEY FL 34228

Mailing Address
6100 GULF OF MEXICO DR.
C/O KATHY A. SIMONDS
LONGBOAT KEY FL 34228

3. Date Incorporated or Qualified: **06/23/1980**
3a. Date of Last Report: **04/07/1995**

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: **59-2002233** 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
SIMONDS, KATHY A.
6100 GULF OF MEXICO DR.
LONGBOAT KEY FL 33548

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 Section 607.0505, 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. Signature of a corporate officer or director. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	PD [ ] DIR [ ]
NAME	SIMONDS, KATHY A.
STREET ADDRESS	6100 GULF OF MEXICO DR.
CITY, ST, ZIP	LONGBOAT KEY FL
TITLE	[ ] DIR [ ]
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	[ ] DIR [ ]
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	[ ] DIR [ ]
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	[ ] DIR [ ]
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	[ ] DIR [ ]
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE	☐ Change ☐ Addition
1 NAME	
1 STREET ADDRESS	
1 CITY, ST, ZIP	
2 TITLE	☐ Change ☐ Addition
2 NAME	
2 STREET ADDRESS	
2 CITY, ST, ZIP	
3 TITLE	☐ Change ☐ Addition
3 NAME	
3 STREET ADDRESS	
3 CITY, ST, ZIP	
4 TITLE	☐ Change ☐ Addition
4 NAME	
4 STREET ADDRESS	
4 CITY, ST, ZIP	
5 TITLE	☐ Change ☐ Addition
5 NAME	
5 STREET ADDRESS	
5 CITY, ST, ZIP	
6 TITLE	☐ Change ☐ Addition
6 NAME	
6 STREET ADDRESS	
6 CITY, ST, ZIP	

CR2E034 (12/95)

14. I hereby certify that the information supplied with this report, including any changes, is true and accurate and that this report is being filed within the time prescribed by Section 607.0203(1), Florida Statutes. I further certify that I am an officer or director of the corporation or other agent authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or is attached to and made a part hereof.

SIGNATURE: Kathy A. Simonds KATHY A. SIMONDS 4-5-96 941-383-0211
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone