PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 678187

Corporation Name

Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90042 048 ***150.00

JUHNNY	P. SIMS INC.									
Principal Place	of Business	Mailing Address						1111 1681 B1811 WI	Eli Bibli Bibli	greri aldil rağı
6911 CONATY F		6911 CONATY RD.				Ì				
TAMPA FL 33634-4417 TAMPA FL 33634-4417										
							DO NOT WRI	TE IN THIS	SPACE	
							Date Incorporated or Qualifed			
		To the Para Address					07/11/1980 FEI Number		A	anlied Fer
— ·	ace of Business	2a. Mailing Address					59-1911974		1-1-	pplied For ot Applicable
21 Suite, Apt. i	# oto	Suite, Apt. #, etc.				-{	29 19 1 19 14			Additional
	#, etc.	27				5.	Certificate of Status Desired			equired
City & State	R	City & State	·			6	Election Campaign Financing		\$5.00	May Be
23	•	28					Trust Fund Contribution			to Fees
Zip	Country	Zip	Cou	intry		8.	This corporation owes the curr	ent year Inta	ngible	
24	25	29	30				Personal Property Tax.		ZYes	□No
	9. Name and Address of Cu	rrent Registered Agent				10.	Name and Address of New I	Registered	gent	
				81	Name		,			ļ
	S, JOHNNY P.			82	Street Add	ress (P.	O. Box Number is Not Accepta	able)		
	OAKVISTA CIRCLE									
IAM	PA FL 33634			83				•		
				84	City				85 Zip	Code
				1 1	•			FL		1
office or re	edictorod adent of both in the Si	0502 and 607.1508, Florida S ate of Florida. Such change w	/as allinonzer	י עמיני	tne comorau	poration ion's boa	submits this statement for the ard of directors. I hereby acce	purpose of pt the appoir	changing it ntment as r	s registered egistered
office or re agent. I ar SIGNATURE	to the provisions of Sections 607, egistered agent, or both, in the Sim familiar with, and accept the of Signature, typed or printed name of registered	ate of Florida. Such change w bligations of, Section 607.0505	/as allinonzer	utes.	rne corporau	ION'S DO	ard of directors. Thereby acce	purpose of pt the appoir	changing it	s registered egistered
office or re agent. I ar SIGNATURE	egistered agent, or both, in the SI in familiar with, and accept the ob- Signature, typed or printed name of registered	ate of Florida. Such change w bligations of, Section 607.0505	i, Florida Stat	utes.	rne corporau	ed when re	ard of directors. Thereby acce	DATE	D DIRECT	ORS IN 12
office or re agent. I ar SIGNATURE	egistered agent, or both, in the SI in familiar with, and accept the ob- Signature, typed or printed name of registered	ate of Florida. Such change willigations of, Section 607.0505	As authorized, Florida Stat	utes.	rne corporau	ed when re	instating)	DATE	iunent as i	ORS IN 12
office or reagent. I an SIGNATURE	egistered agent, or both, in the SIm familiar with, and accept the ob- Signature, typed or printed name of registered OFFICERS PD SIMS, JOHNNY P.	ate of Florida, Such change willigations of, Section 607.0505 Jagent and little if applicable.	As authorized, Florida Stat	utes.	rne corporau	ed when re	instating)	DATE	D DIRECT	ORS IN 12
office or reagent. I an SIGNATURE 12.	egistered agent, or both, in the SI m familiar with, and accept the ob- Signature, typed or printed name of registered OFFICERS PD SIMS, JOHNNY P. 7430 OAKVISTA CIR.	ate of Florida, Such change willigations of, Section 607.0505 Jagent and little if applicable.	(NOTE: Registered 1.1 TI	I Agent	rne corporau	ed when re	instating)	DATE	D DIRECT	ORS IN 12
office or reagent. I an SIGNATURE 12. TITLE NAME	egistered agent, or both, in the SIm familiar with, and accept the ob- Signature, typed or printed name of registered OFFICERS PD SIMS, JOHNNY P.	ate of Florida. Such change willigations of, Section 607.0505 Jagent and title if applicable. AND DIRECTORS DELET	(NOTE: Registered 13. E 1.1 TI 1.2 N. 1.3 S	I Agent	t signature require	ed when re	instating)	DATE	D DIRECT	ORS IN 12
office or reagent. I are signature. 12. TITLE NAME STREET ADDRESS	egistered agent, or both, in the SI m familiar with, and accept the ob- Signature, typed or printed name of registered OFFICERS PD SIMS, JOHNNY P. 7430 OAKVISTA CIR. TAMPA FL	ate of Florida, Such change willigations of, Section 607.0505 Jagent and little if applicable.	(NOTE: Registered 13. E 1.1 TI 1.2 N. 1.3 S	I Agent	t signature require	ed when re	instating)	DATE	D DIRECT	ORS IN 12
office or reagent. I are signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, in the SI m familiar with, and accept the observation of the signature, typed or printed name of registeres OFFICERS PD SIMS, JOHNNY P. 7430 OAKVISTA CIR. TAMPA FL SD SIMS, JOAN B.	ate of Florida. Such change willigations of, Section 607.0505 Jagent and title if applicable. AND DIRECTORS DELET	(NOTE: Registered T3. E 1.1 TI 1.2 No. 1.3 S	I Agent TLE AME TREET TY-ST	t signature require	ed when re	instating)	DATE	D DIRECT	ORS IN 12
office or reagent. I are agent. I are signature. 12. TITLE NAME STREET ADDRESS CITY. ST. ZIP TITLE	egistered agent, or both, in the SI m familiar with, and accept the observation of the size of the siz	ate of Florida. Such change willigations of, Section 607.0505 Jagent and title if applicable. AND DIRECTORS DELET	(NOTE: Registered) 13. E 1.1 TI 12 N 13 S 1.4 CI E 2.1 TI 22 N	I Agent TLE AME TREET TTLE TREET	t signature require	ed when re	instating)	DATE	D DIRECT	ORS IN 12
office or reagent. I are agent. I are signature. 12. TITLE NAME STREET ADDRESS CITY- ST- ZIP TITLE NAME	egistered agent, or both, in the SI m familiar with, and accept the observation of the signature, typed or printed name of registeres OFFICERS PD SIMS, JOHNNY P. 7430 OAKVISTA CIR. TAMPA FL SD SIMS, JOAN B.	iate of Florida. Such change willigations of, Section 607.0505 Jagent and little if applicable. AND DIRECTORS DELET	(NOTE: Registered) 13. E 1.1 TI 12 N. 13 S' 1.4 CI E 2.1 TI 22 N. 2.3 S' 2.4 CI	I Agend TLE AME TREET TLE AME TREET TLE AME TREET	ADDRESS	ed when re	instating)	DATE	D DIRECT Change	ORS IN 12 Addition
office or retagent. I an SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	egistered agent, or both, in the SI m familiar with, and accept the observation of the size of the siz	ate of Florida. Such change willigations of, Section 607.0505 Jagent and title if applicable. AND DIRECTORS DELET	(NOTE: Registered) 13. E 1.1 TI 12 N. 13 S' 1.4 CI E 2.1 TI 22 N. 2.3 S' 2.4 CI	I Agend TLE AME TREET TLE AME TREET TLE AME TREET	ADDRESS	ed when re	instating)	DATE	D DIRECT	ORS IN 12 Addition
office or re agent. I ar agent. I ar SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, in the SI m familiar with, and accept the observation of the size of the siz	iate of Florida. Such change willigations of, Section 607.0505 Jagent and little if applicable. AND DIRECTORS DELET	(NOTE: Registered) 13. E 1.1 TI 1.2 N. 1.3 S' 1.4 CI E 2.1 TI 2.2 N. 2.3 S' 2.4 C	I Agent TLE AME TTLE TTLE TTLE TTLE TTLE TTLE TTLE TT	ADDRESS T-ZIP	ed when re	instating)	DATE	D DIRECT Change	ORS IN 12 Addition
office or readers. I are agent. I are agent. I are signature. 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE	egistered agent, or both, in the SI m familiar with, and accept the observation of the size of the siz	iate of Florida. Such change willigations of, Section 607.0505 Jagent and little if applicable. AND DIRECTORS DELET	(NOTE: Registered) 13. E 1.1 TI 1.2 No. 1.3 ST. 2.4 CC E 2.1 TI 2.2 No. 2.3 ST. 2.4 CC E 3.1 TI 3.2 No. 3.3 ST.	I Agent TLE TREET TTLE TREET TTLE TREET TTLE TREET TTLE TTLE	ADDRESS T-ZIP ADDRESS ADDRESS	ed when re	instating)	DATE	D DIRECT Change	ORS IN 12 Addition
office or reagent. I are agent. I are agent. I are signature. 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, in the SI m familiar with, and accept the observation of the size of the siz	iate of Florida. Such change willigations of, Section 607.0505 Jagent and little if applicable. AND DIRECTORS DELET	(NOTE: Registered) 13. E 1.1 TI 1.2 N. 1.3 S' 1.4 CI 2.2 N. 2.3 S' 2.4 C E 3.1 TI 3.2 N. 3.3 S' 3.4 C	TILE TILE TILE TILE TILE TILE TILE TILE	ADDRESS T-ZIP ADDRESS ADDRESS	ed when re	instating)	DATE	D DIRECT Change	ORS IN 12 Addition Addition
office or re agent. I ar agent. I ar SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	egistered agent, or both, in the SI m familiar with, and accept the observation of the size of the siz	iate of Florida. Such change willigations of, Section 607.0505 Jagent and little if applicable. AND DIRECTORS DELET	(NOTE: Registered) 13. E 1.1 TI 1.2 No. 1.3 ST 1.4 CI E 2.1 TI 2.2 No. 2.3 ST 2.4 CI E 3.1 TI 3.2 No. 3.3 ST 3.4 CI E 4.1 TI	TLE AME TREET TILE AME TREET TILE AME TREET TILE AME TREET TILE TILE TILE TILE TILE TILE TILE T	ADDRESS T-ZIP ADDRESS ADDRESS	ed when re	instating)	DATE	D DIRECT Change	ORS IN 12 Addition Addition
office or re agent. I ar agent. I ar SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	egistered agent, or both, in the SI m familiar with, and accept the observation of the size of the siz	iate of Florida. Such change willigations of, Section 607.0505 Jagent and little if applicable. AND DIRECTORS DELET	(NOTE: Registered) 13. E 1.1 TI 12 No. 13 ST 14 CI 15 TI 15	J Dy J Utes. J Agent TLE AME TREET TLE AME TREET TLE TREET	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP	ed when re	instating)	DATE	D DIRECT Change	ORS IN 12 Addition Addition
office or re agent. I ar agent. I ar SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	egistered agent, or both, in the SI m familiar with, and accept the observation of the size of the siz	iate of Florida. Such change willigations of, Section 607.0505 Jagent and little if applicable. AND DIRECTORS DELET	(NOTE: Registered) [NOTE: Registered) [13.] [E] [1.1 TI [1.2 N.] [1.3 S] [1.4 CI [2.2 N.] [2.3 S] [2.4 CI [3.1 TI [3.2 N.] [3.3 S] [3.4 CI [4.1 TI [4.2 N.] [4.3 S]	TLE TREET TILE AME TREET TILE AME TREET TILE TREET TREET	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP	ed when re	instating)	DATE	D DIRECT Change	ORS IN 12 Addition Addition
office or re agent. I ar agent. I ar SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, in the SI m familiar with, and accept the observation of the size of the siz	inte of Florida. Such change willigations of, Section 607.0505 Jagent and little if applicable. AND DIRECTORS DELET DELET	(NOTE: Registered) 13. E 1.1 TI 12 N. 13.S' 1.4 GI E 2.1 TI 22 N. 2.3 S' 2.4 C E 3.1 TI 32 N. 3.3 S' 3.4 C E 4.1 TI 4.2 N. 4.3 S' 4.4 C	I Agent TLE AME TREET TLE AME TREET TTY-ST TLE AME TREET TTLE AME TREET TLE TREET TREET TREET TREET	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP	ed when re	instating)	DATE	D DIRECT Change	ORS IN 12 Addition Addition
office or reagent. I are agent. I are agent. I are street address city. St. Zip title name	egistered agent, or both, in the SI m familiar with, and accept the observation of the size of the siz	iate of Florida. Such change willigations of, Section 607.0505 Jagent and little if applicable. AND DIRECTORS DELET	(NOTE: Registered) 13. E 1.1 TI 12.N. 13.S' 1.4 GI E 2.1 TI 22.N. 23.S' 2.4 C E 3.1 TI 32.N. 33.S' 34.C E 4.1 TI 4.2 N. 4.3 S' 4.4 C E 5.1 TI	I Agent ILE AME IREET ILE AME ITREET ILE AME ITREET ILE AME ITREET ITT-S' ILE AME ITREET ITT-S' ITLE	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP	ed when re	instating)	DATE	D DIRECT Change	ORS IN 12 Addition Addition
office or reagent. I are agent. I are agent. I are street address city. St. Zip title name	egistered agent, or both, in the SI m familiar with, and accept the observation of the size of the siz	inte of Florida. Such change willigations of, Section 607.0505 Jagent and little if applicable. AND DIRECTORS DELET DELET	(NOTE: Registered) [NOTE: Registered) [13.] [E] [1.1 TI [1.2 N.] [1.3 Signature of the content of the con	I Agent ILE AME IREET ILE AME IREET ILE AME IREET ILE AME IREET ILE ITY-ST ILE ITY-ST ILE AME ITREET ITY-ST ILE AME IREET ITY-ST ILE AME	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP	ed when re	instating)	DATE	D DIRECT Change	ORS IN 12 Addition Addition
office or reagent. I are agent. I are agent. I are street address city. St. Zip title name street address street add	egistered agent, or both, in the SI m familiar with, and accept the observation of the size of the siz	inte of Florida. Such change willigations of, Section 607.0505 Jagent and little if applicable. AND DIRECTORS DELET DELET	(NOTE: Registered) [NOTE: Registered) [13.] [1	J dy des. J Agent TLE AME TREET TLE AME TREET TLE AME TREET TLE TREET TREET TREET TREET TREET	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP	ed when re	instating)	DATE	D DIRECT Change	ORS IN 12 Addition Addition
office or reagent. I are agent. I are agent. I are street address city. St. Zip title name	egistered agent, or both, in the SI m familiar with, and accept the observation of the size of the siz	inte of Florida. Such change willigations of, Section 607.0505 Jagent and little if applicable. SAND DIRECTORS DELET DELET	(NOTE: Registered) 13. E 1.1 TI 12.N. 13.S' 1.4 GI E 2.1 TI 22.N. 23.S' 2.4 C E 3.1 TI 32.N. 33.S' 34.C E 4.1 TI 4.2 N. 4.3 S' 4.4 C E 5.1 TI 52.N. 53.S' 54.C	J dy dies. J Ageni TLE AME TREET TLE AME TREET TLE AME TREET TLE TREET	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP	ed when re	instating)	DATE	D DIRECT Change	ORS IN 12 Addition Addition Addition
office or reagent. I are agent. I are agent. I are street address city. St. Zip title name street address city. St. Zip title	egistered agent, or both, in the SI m familiar with, and accept the observation of the size of the siz	inte of Florida. Such change willigations of, Section 607.0505 Jagent and little if applicable. AND DIRECTORS DELET DELET	(NOTE: Registered) 13. E 1.1 TI 12.N. 13.S' 1.4 GI E 2.1 TI 22.N. 23.S' 2.4 C E 3.1 TI 32.N. 33.S' 34.C E 4.1 TI 4.2 N. 4.3 S' 4.4 C E 5.1 TI 52.N. 53.S' 54.C	TLE AME TREET	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP	ed when re	instating)	DATE	D DIRECT Change	ORS IN 12 Addition Addition Addition
office or reagent. I are agent. I are agent. I are street address city. St. Zip title name	egistered agent, or both, in the SI m familiar with, and accept the observation of the size of the siz	inte of Florida. Such change willigations of, Section 607.0505 Jagent and little if applicable. SAND DIRECTORS DELET DELET	(NOTE: Registered) [NOTE: Registered) [13.] [1	J dys. J Agent TLE AME TREET TTE AME TREET TTE TTE AME TREET TTLE TTLS TTLE TTLS TTLE TTLS TTLE TTLS TTLE TTLS TTLE TTLS TTLE AME TREET TTLS TTLE AME TREET TTLS TTLS TTLS TTLS TTLS TTLS TTLS T	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP	ed when re	instating)	DATE	D DIRECT Change	ORS IN 12 Addition Addition 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: