FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED

95 MAY -1 AM 8:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **698328** **(2)**

1. Corporation Name

SIMANCO REALTY COMPANY

Principal Place of Business	Mailing Address
304 PROGRESS ROAD **P.O. BOX 1404** **AUBURNDALE FL 33823**	**304 PROGRESS ROAD** **P.O. BOX 1404** **AUBURNDALE FL 33823**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **08/07/1981**

3a. Date of Last Report: **06/20/1994**

2. Principal Place of Business — 21

2a. Mailing Address — 26

Suite, Apt. #, etc. — 22 / 27

City & State — 23 / 28

Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: **59-2129152** ☐ 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

BOOTH, SHEILA, WALSH
304 PROGRESS ROAD
AUBURNDALE, FL
AUBURNDALE FL 33823

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 607.1508, 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:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '95	
TITLE	PTD	11 TITLE	☐ Change ☐ Addition
NAME	LEAVY, THOMAS, C	12 NAME	
STREET ADDRESS	304 PROGRESS ROAD	13 STREET ADDRESS	
CITY ST ZIP	ABURNDALE FL	14 CITY ST ZIP	
TITLE	VSD	21 TITLE	☐ Change ☐ Addition
NAME	LEAVY, SHEILA, W	22 NAME	
STREET ADDRESS	304 PROGRESS RD	23 STREET ADDRESS	
CITY ST ZIP	AUBURNDALE, FL 00000	24 CITY ST ZIP	
TITLE	CD	31 TITLE	☐ Change ☐ Addition
NAME	WALSH, JAMES A.	32 NAME	
STREET ADDRESS	304 PROGRESS ROAD	33 STREET ADDRESS	
CITY ST ZIP	ABURNDALE FL	34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is absolutely true and correct (Section 817.155, 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 above or on an attachment with an address.

SIGNATURE: x Thomas C Leavey 4-25-95 813 967-8666

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0447883 FP