

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

3. Date Incorporated or Qualified

08/07/1981

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

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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

10. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and the applicable

(NOTE: Registered Agent signature required when reinstating)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
LEAVY, THOMAS, C
304 PROGRESS ROAD
AUBURNDALE FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VSD
LEAVY, SHEILA, W
304 PROGRESS RD
AUBURNDALE, FL 00000

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CO
WALSH, JAMES A.
304 PROGRESS ROAD
AUBURNDALE FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
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STREET ADDRESS
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11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

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22 NAME

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31 TITLE

32 NAME

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SIGNATURE:

Thomas C Leavy

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-14-96

941-967-8566

Date

Date the Phone #

CR2E034 (3/96)