

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

FILED
Jul 01 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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 33823-1404

3. Date Incorporated or Qualified
08/07/1981

3a. Date of Last Report
06/18/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

11 TITLE
12 NAME LEAVEY
13 STREET ADDRESS
14 CITY-ST-ZIP

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

2.1 TITLE
2.2 NAME LEAVEY
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE: [Signature] July 26 97 946-967-8566

CR2E034 (9/96)