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

**FILED** PROFIT May 05 1998 8:00am FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham **ANNUAL REPORT** Secretary of State Secretary of State **DIVISION OF CORPORATIONS** 1998 DOCUMENT # (2)698328 SIMANCO REALTY COMPANY Principal Place of Business Mailing Address 304 PROGRESS ROAD 304 PROGRESS ROAD P.O. BOX 1404 AUBURNDALE FL 33823 P.O. BOX 1404 DO NOT WRITE IN THIS SPACE AUBURNDALE FL 33823 3. Date Incorporated or Qualified 08/07/1981 2a. Mailing Address 2. Principal Place of Business FE! Numbe Applied For Not Applicable 59-2129152 21 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6, Election Campaign Financing \$5.00 May Be Added to Fees 28 Trust Fund Contribution 23 Zin Country Zip Country 8. This corporation owes or has paid the current year Intangible ☐ Yes Personal Property Tax due June 30. 24 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BOOTH, SHEILA, WALSH 304 PROGRESS ROAD Street Address (P.O. Box Number is Not Acceptable) auburndale, fl 83 **AUBURNDALE FL 33823** 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 time if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Addition Change DELETE PTD 1.1 TITLE TITLE LEAVEY, THOMAS C 1.2 NAME NAME **304 PROGRESS ROAD** 1.3 STREET ADDRESS STREET ADDRESS **ABURNDALE FL** 1.4 CITY-ST-2IP CITY-ST-ZIP Change Addition DELETE TITLE VSD 2.1 TITLE NAME LEAVEY, SHEILA W 2.2 NAME **304 PROGRESS RD** 2.3 STREET ADDRESS STREET ADDRESS **AUBURNDALE, FL 00000** 2. 4 CITY - ST- ZIP CITY-ST-ZIP Addition DELETE ☐ Change 3.1 TITLE TITLE WALSH, JAMES A. 3.2 NAME 304 PROGRESS ROAD 3.3 STREET ADDRESS STREET ADDRESS ABURNDALE FL 3.4. CITY - ST-ZIP CITY-ST-ZIP Change Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY - ST-ZIP 4.4 CITY - ST - ZIP Change \_\_\_ Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change ☐ Addition 6.1 THLE TITLE NAME 62 NAME 6.3 STREET ADDRESS STREET ADDRESS

64 CITY-ST-ZIP

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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 suppliemental 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.

Thomas C. Jeannes (941) Thomas C. Leavey

CITY-ST-ZIP