SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUL 18 AM 8:18

DOCUMENT # **805498** **(3)**

1. Corporation Name

HERBERT J. SIMS CO., INC.

Principal Place of Business	Mailing Address
321 RIVERSIDE AVENUE WESTPORT CT 06880	321 RIVERSIDE AVENUE WESTPORT CT 06880

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/08/1942**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business
21: 1221 Post Road East
Suite, Apt. #, etc. 22:
City & State 23:
Zip 24: Country 25:

2a. Mailing Address
26: 1221 Post Road East
Suite, Apt. #, etc. 27:
City & State 28:
Zip 29: Country 30:

4. FEI Number: **13-5213180** ☐ 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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	STD	11 TITLE	☒ Change ☐ Addition	
NAME	FREDA, GENEVIEVE	12 NAME		
STREET ADDRESS	321 RIVERSIDE AVENUE	13 STREET ADDRESS	1221 Post Road East	
CITY-ST-ZIP	WESTPORT CT	14 CITY-ST-ZIP		
TITLE	V	21 TITLE	☒ Change ☐ Addition	
NAME	BANTON, JONATHAN R.	22 NAME	} Please delete all	
STREET ADDRESS	321 RIVERSIDE AVENUE	23 STREET ADDRESS		
CITY-ST-ZIP	WESTPORT CT	24 CITY-ST-ZIP		
TITLE	PD	31 TITLE	☒ Change ☐ Addition	
NAME	SIMS, WILLIAM B.	32 NAME		
STREET ADDRESS	321 RIVERSIDE AVENUE	33 STREET ADDRESS	1221 Post Road East	
CITY-ST-ZIP	WESTPORT CT	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		

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: X Genevieve Freda 7-14-95 203-221-5030
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number
GENEVIEVE FREDA, TREAS.

0170250 FN