ereaun n	DATICE, CORDODATION WILL BE	DISSOUNCE ON OR AFTER A	IICHET 7 400C		
AMOUNT DUE O P CORF ANNU	IOTICE: CORPORATION WILL BE IN OR BEFORE 87/96: \$225 (IF DISS ROFIT PORATION AL REPORT		TO REINSTATE: \$375.) MENT OF STATE Mortham of State		
DOCUN 1. Corporation	MENT # F2346	4 (3)	man and a commendate of track the desire A / 4 - 5 V ** 111 MI **		
SIMON	DS MANUFACTURING CO	RPORATION		I HARMAN HIN KARA HINI BIANA ANIM BI	I BIANI BIANI BIRNI BIRNI BIRNI BIRNI BIRNI
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	3a. Date of Last Report
- D		Ta Maria Addison		03/02/1981 4. FEI Number	05/01/1995
2. Principal Pla	ice of Business	2a. Mailing Address 26		59-2076391	Applied For Not Applicable
Suite, Apt #	, etc	Suite Apt #, etc		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Z _I p	Country	28	Country	This corporation has liability for in	
24	25		30	Florida Statutes	Yes No
	9. Name and Address of Currer	nt Registered Agent	B1 Name	10. Name and Address of New Reg	istered Agent
	OTH, SHEILA, WALSH		82 Street Add	Iress (P.O. Box Number is Not Acceptable	5)
	i progress RD Burndale, Fl			The second secon	
	323		83		
			84 City		FL 85 Zip Code
office or re	o the provisions of Sections 607.050 gistered agen', or both, in the State n familiar with, and accept the oblig	of Florida. Such change was au	thorized by the corporat	poration submits this statement for the pur ion's board of directors. Thereby accept t	pose of changing its registered
SIGNATURE _					WWW. 10 10 10 10 10 10 10 10 10 10 10 10 10
12.	Signature: typed or printed name of registered ago OFFICERS AN	ont and title if applicable (NOTE) ID DIRECTORS	Respectived Agent signature requi	ired when reinstating) ADDITIONS/CHANGES TO OF FICE	ERS AND DIRECTORS IN 12
TITLE	PDT	DELETE	1 1 TOLE		RS AND DIRECTORS IN 12 98
NAME	LEAVEY, THOMAS C.		1.2 NAME		24
STREET ADDRESS	304 PROGRESS RD		1 3 STREET ADDRESS		Change Addition
CITY-ST-ZIP TITLE	AUBURNDALE, FL 00000 SDV	DELETE	14 CITY - ST - ZIP 21 TITLE		Change Addition S
NAME	LEAVEY, SHEILA W.		2.2 NAME		
STREET ADDRESS	304 PROGRESS RD.		2 3 STREET ADDRESS		
CITY-ST-ZIP	ABURNDALE FL	l perese	2 4 CITY - ST - ZIP		Constant
TILLE	CD	DELFTE	3 1 TITLE 3 2 NAME		Change Add-tion
NAME STREET ADDRESS	WALSH, JAMES A. 304 PROGRESS RD.		3.3 STREET ADDRESS		
CITY-ST-ZIP	ABURNDALE FL		34 CITY-ST-ZIP		
TITLE		DELFTE	4 1 TITLE		Change Addition
NAME			4 2 NAME		
STREET ADDRESS			4 3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	4 4 CHY-ST-ZIP 5 1 TIFLE	A CONTRACTOR OF THE PROPERTY O	Change Addition
NAME		• manual	5 2 NAME		
STREET ADDRESS			5.3 STHEET ADDRESS		
CITY - ST - ZIP			5 4 CITY - ST - ZiP		
TITLE		DELETE	6 1 THTLE		Change Addit.or
NAME STREET ADDRESS			6.3 STREET ADDRESS		
STREET MEADRESS			CACITY PT 710		

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)(k), 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 direction of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617. Florida Statutes and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER ON DIRECTOR.

Digital Plants