F960000018848*

TO: QUALIFICATION/TAX LIEN SECTION DIVISION OF CORPORATIONS

10001897771 -05/24/96--01010--019 ****131.25 ****131.25

SUBJECT:	DONALD W. SIMMONS		w96-1114
	(Name of corporation - must include a	uffix)	

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

DONALO W. Sim. (Name of Person)	mons
(Name of Person)	
P.O. Box 4018	
(Firm/Company)	• •
HNNA MARIA	
(Address)	-
FL. 34216	
(City, State and Zip Code)	-

Should you need to call someone concerning this matter, please call:

(Name of Person) at (941) 383 - 8816.

Area Code & Daytime Telephone Number

COURIER ADDRESS:

Qualification/Tax Lien Sec. Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399 **MAILING ADDRESS:**

Qualification/Tax Lien Sec. Division of Corporations P. O. Box 6327 Tallahassee, FL 32314



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

May 24, 1996

DONALD W. SIMMONS P.O. BOX 4018 ANNA MARIA, FL 34216

SUBJECT: DONALD W. SIMMONS, INC.

Ref. Number: W96000011114

SECRETARY OF STATE STATE OF STATE OF CORPORKIONS

We have received your document for DONALD W. SIMMONS, INC. and your check(s) totaling \$131.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

The date first transacted business in Florida within the meaning of s. 607.1501 or 608.501, F.S., must be set forth in section 6 of the application. If the corporation/limited liability company has not yet transacted business in Florida within this meaning, please insert the words "upon qualification" in lieu of a date. (Note: Pursuant to s. 607.1502(4), F.S., this office collects a civil penalty of \$1000 for each year other than the application filing year, that a foreign corporation or limited liability company transacts business in this state without authority along with the past annual report fees due this office.)

A brief description of the entity's nature of business must be included in the document.

Please list the street address of each officer/director. If the officer/director does not have a street address, list the mailing address and write (N/A).

You have submitted a copy of the corporation's articles. What we require for our filing purposes is a certificate of existence or good standing.

A certificate of existence, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call

(904) 487-6095.

Jennifer Sindt Document Examiner

Letter Number: 196A00026074

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" abbreviations of like import in language as will clearly Indicate that it is a corporation instead of a partnership if not so contained in the name at present.) **TRAINE** 3. 01-0372075	natural person
_(S	MAINE State or country under the law of which it is incorporated) 11-18-1980 5. PERPETUAL (Date of incorporation) (Duration: Year corp. will cease to exist or *p	erpetual')
	<u>UPOM OKACIFICATION</u> Date first transacted business in Florida. (See sections 607,1501, 607,1502, and 817,155, F.S.) P.O. Box 4018	3;e 1a
_	GENERAL BUILDING CONTRACTOR - CARPENTER	S T L-XIP of Spiritures
B 9.	(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Name and street address of Florida registered agent:	Floride State
	Name: <u>DONALO SIMMONS</u> Office Address: <u>P.O. Box 4018</u> 712 GLADIOLUS STR	
	ANNA MARIA, FL., Florida, 340	

10. Registered agent's acceptance:

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Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. _, Namo	es and addresses of officers and/or directors:
A. DII	RECTORS
	Chairman:
	Address:
	Vice Chairman:
	Address:
	Director: 95 VISION SERVICE SE
	Address:
	Director: 10 September 10 Septe
	Address: ~ Siri
3. OF	FICERS
	President: DONALD W. SIMMONS
	Address: P.O. Box 4018 712 GLADIOLUS STR.
	ANNA MARIA FL. 34216
	Vice President: CAROL D. Summons
	Address: P.U. BOX 4018 TIA GLADIOUS STR.
	ANNA MARIA FL. 34216
	Secretary: CAROL D. Summons
	Address: Same AS ARVE
	112 GLADIOLUS STR. ANNA MARIA, FL
	Treasurer: CAROL D. Simmers 34216
	Address Colone De Andrije
	112 GLADIOLUS STR. ANNA MARIA, FL
IOTE: If ind/or dire	necessary, you may attach an addendum to the application listing additional officer
3. (Signat	ord D. Summons ure of Chairman, Vice Chairman, or any officer listed in number 12 of the application)
4. <u>CA</u>	PROL D. Simmons V.P.— SEC. ped or printed name and capacity of person signing application)
(Ty	ped or printed name and capacity of person signing application)

State of Maine







I, the Secretary of State of Maine, certify that according to the provisions of the Constitution and Laws of the State of Maine, the Department of the Secretary of State is the legal custodian of the Great Seal of the State of Maine which is hereunto affixed and of the records of organization, amendment, and dissolution of corporations and annual reports filed by the same.

I further certify that DONALD W. SIMMONS, INC. is a duly organized corporation under the laws of the State of Maine and that the date of incorporation is 11/17/1980.

I further certify that said corporation has filed annual reports due to this Department, and that no action is now pending by or on behalf of the State of Maine to forfeit the charter and that according to the records in the Department of the Secretary of State, said corporation is a legally existing corporation in good standing under the laws of the State of Maine at the present time.

In testimony whereof, I have caused the Great Seal of the State of Maine to be hereunto affixed, given under my hand at Augusta, May 31, 1996.

BILL DIAMOND Secretary of State

Authentication:

17372276

