

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$760.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

APPROVED  
AND  
FILED

1997 JUL 25 PM 12:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F96000005193 (5)

1. Corporation Name

SIMMONS AND ASSOCIATES, INC.

Principal Place of Business  
1610-A FREDERICA ROAD  
ST SIMONS ISLAND GA 31522

Mailing Address  
1610-A FREDERICA ROAD  
ST SIMONS ISLAND GA 31522

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/07/1996	3a. Date of Last Report
4. FEI Number 58-1615505	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

PHILLIPS, HARRIET  
7057 LONGBOAT DRIVE N.  
LONGBOAT KEY FL 34228

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PCO  
NAME WATSON, WILLIAM D  
STREET ADDRESS 1610-A FREDERICA ROAD  
CITY-ST-ZIP ST SIMONS ISLAND GA

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
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CITY-ST-ZIP

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CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

200002255632--6  
-08/01/97--01120--004  
\*\*\*\*165.00 \*\*\*\*165.00

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

200002255632--6

CR2E034 (4/97)

②

# Simmons and Associates, Inc.

Veterinary Practice Brokers

Practice Sales  
Appraisals  
Negotiations

July 22, 1997

## Offices

Headquarters  
St. Simons Island, GA  
Doyle Watson, DVM  
President  
800-333-1984  
Fax 912-634-0768  
E-mail  
simmonhq@gate.net

Intermountain, Inc.  
Colorado, CO  
Larry Wiseman, DVM  
Sue Wiseman, DVM  
719-597-1556  
Fax 719-528-5065  
E-mail  
larrysuew@aol.com

Northwest, Inc.  
Coeur d'Alene, ID  
Dave Gerber, DVM  
208-664-3100  
Fax 208-664-3100  
E-mail  
dgerber@nidlink.com

Northeast, Inc.  
Raymond, ME  
Jim Stephenson, DVM  
800-474-4775  
207-655-3908  
Fax 207-655-3879  
E-mail  
simmonsne@aol.com

South Central  
St. Simons Island, GA  
Doyle Watson, DVM  
912-638-6578  
Fax 912-634-0768  
E-mail  
simmonhq@gate.net

TO: Department of State (Florida)

FROM: Simmons and Associates

Please note that this was sent at an earlier date. I talked to a representative there and was instructed to send the enclosed amount with this note. I think the reason for the second notice is that I don't recall sending a check with the first one. Please forgive the mix up.

Thank you,

*Christina Lander*  
Christina Lander  
Assistant

Doyle Watson, DVM  
1610-A Frederica Road • St. Simons Island, GA 31522  
800-333-1984 • 912-638-6578 • Fax 912-634-0768  
E-Mail Address: simmonhq@gate.net