FILE NOW: FILING FEE AFTER MAY 1ST IS \$				.00	FILED	
COF	PROFIT RPORATION	FLORIDA DEPART Sandra B.		STATE n		98 8:00am
	JAL REPORT 1998	Secretary DIVISION OF CO	E 1	IONS	Secretar	y of State
DOCU 1. Corporatio	MENT # G6139	9 (3)		10110	Secretar	y of State
PAUL	SIMS CONSTRUCTION, INC.				 	::
Principal Place of Business Mailing Address  % PAUL V. SIMS % PAUL V. SIMS						
1809 ST. ANDREWS BLVD. PANAMA CITY FL 32405		1809 ST. ANDREWS BLVD. PANAMA CITY FL 32405				IN THIS SPACE
2. Principal P	Place of Business	2a. Mailing Address			3. Date Incorporated or Qualified 09/28/1983 4. FEI Number	
21 Suite, Apt.	# etc	Suite, Apt. #, etc.			59-2362067	Applied For Not Applicable
22		27			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat		City & State			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25		O Co	itry	This corporation owes or has pa     Personal Property Tax due June	30. ☐ Yes ☐ No
Name and Address of Current Registered Agent  SIMS, PAUL V.				81 Name	10. Name and Address of New Re	jistered Agent
1809 ST. ANDREWS BLVD.				82 Street Add	dress (P.O. Box Number is Not Acceptab	le)
PANAMA CITY FL 32405						2.
				84 City		85 Zip Code
11. Pursuant office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	and 607,1508, Florida Statutes of Florida. Such change was autilione of Section 607,0505, Flori	, the a	ove-named cor by the corpora	rporation submits this statement for the patients of directors. I hereby accep	rpose of changing its registered the appointment as registered
SIGNATURE				utes	, .	
12.	Signature, typed or printed name of registered agen OFFICERS AND		Registera 13.	Agent signature requ	uired when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE CONTROL OF THE C
TITLE	D D	DELETE	1,1 1	LE	ADDITIONO/ONANGES TO OFFICE	ERS AND DIRECTORS IN 12 Change Addition Change Addition Change Addition Change Addition
NAME STREET ADDRESS	SIMS, PAUL V. 1809 ST. ANDREWS BLVD.		1.2 N 1.3 S	ΛE		34 (
CITY-ST-ZIP	PANAMA CITY FL		1,4 0	EET ADDRESS		2 <u>E</u> 0
TITLE	P	☐ DELETE	2.1 7	,E		Change Addition
NAME STREET ADDRESS	SIMS, PAUL 1809 ST ANDREWS BLVD		2.2 N 2.3 S	ME HEET ADDRESS		
CITY-ST-ZIP	PANAMA CITY,FL 00000 VP	DELETE	2, 4 0 3.1 T	îY-ST-ZIP		
NAME	SIMS, PAUL		3.2 N	- 1		☐ Change ☐ Addition
STREET ADDRESS	1809 ST ANDREWS BLVD PANAMA CITY.FL 00000			reet adoress		
CITY-ST-ZIP TITLE	SP	☐ DELETE	3.4. C	TY-ST-ZIP		Change Addition
NAME	SIMS, PAUL		4.21	!="		Li Change Li Addition
STREET ADDRESS	1809 ST ANDREWS BLVD PANAMA CITY,FL 00000			REET ADDRESS	ما المحالية	
CITY-ST-ZIP TITLE	TANAMA OH I,FL 00000	DELETE	4.4 C/TY-ST-ZIP 5.1 TITLE			Change Addition
NAME	SIMS, PAUL		5.2 NAME			L_I Change L_I Addition
STREET ADDRESS	1809 ST ANDREWS BLVD		5.3 STREET ADDRESS			
CITY-ST-ZIP TITLE	PANAMA CITY,FL 00000	DELETE	5.4 CTY - ST - ZIP 6.1 TFLE			
NAME			6.2 NAME			☐ Change ☐ Addition
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP	certify that the information supplied with	h this filing does not qualify for t	6.4 CI	Y-ST-ZIP	Section 119 07/2/// 51-21- 01-11-	
indicated of	on this annual report or supplemental director of the corporation or the receiver	annual report is true and accurate or trustee empowered to exe	ate and	that my signatur	e shall have the same legal effect as if mirred by Chapter 607. Florida Statutes.	ther certify that the information ade under oath; that I am an
14. I hereby certify that the information supplied with this filing does not qualify for the exmotion 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 his 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 aedress.						
SIGNATURE: JUNE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR						