

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

**Feb 10 1997 8:00am
Secretary of State**

| | | |
|----------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|----------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|

DOCUMENT # G61702 (8)

1. Corporation Name
E.G. SIMMONS FARMS, INC.



| | |
|---------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| Principal Place of Business % E.G. SIMMONS 6718 SIMMONS LOOP RIVERVIEW FL 33569 | Mailing Address % E.G. SIMMONS 6718 SIMMONS LOOP RIVERVIEW FL 33569-9420 |
|---------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|

| | |
|--------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| 3. Date Incorporated or Qualified 09/29/1983 | 3a. Date of Last Report 03/15/1996 |
| 4. FEI Number 59-2324012 | 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|--------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 2. Principal Place of Business 21. Suite, Apt. #, etc. 22. State 23. City 24. Zip 25. Country | 2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country |
|--------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|

9. Name and Address of Current Registered Agent

**SIMMONS, GEORGE E.
6718 SIMMONS LOOP
RIVERVIEW FL 33569**

10. Name and Address of New Registered Agent

| | |
|--------------------------------------------------------|--------------|
| 81. Name | 85. Zip Code |
| 82. Street Address (P.O. Box Number is Not Acceptable) | |
| 83. | |
| 84. City | FL |

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

| | | |
|----------------|----------------------------|--------------------------------------------|
| TITLE | SD | <input checked="" type="checkbox"/> DELETE |
| NAME | SIMMONS, E G | |
| STREET ADDRESS | 6718 SIMMONS LOOP | |
| CITY-ST-ZIP | RIVERVIEW, FL 00000 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | SIMMONS, E. GEORGE | |
| STREET ADDRESS | 6718 SIMMONS LOOP | |
| CITY-ST-ZIP | RIVERVIEW FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | SIMMONS, JEAN | |
| STREET ADDRESS | 6718 SIMMONS LOOP | |
| CITY-ST-ZIP | RIVERVIEW FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|------------------------------------------------------------------------------|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME | SECRETARY SANDRA SIMMONS |
| 4.3 STREET ADDRESS | 6718 SIMMONS LOOP |
| 4.4 CITY-ST-ZIP | RIVERVIEW, FL 33569 |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

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: Sandra Simmons SECRETARY 1/27/97 813-677-5667
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)