PAge 1st 2

\$8.75 Additional

Fee Required

813-677-5667

00 JUN 27 PM 6: 03

SERRETARY OF STATE TALEBRIASSEE, FUORIDA

5. Certificate of Status Desired

6-15-00

Street Address (P.O. Box Number is Not Acceptable)

7. Name and Address of New Registered Agent

2000 UNIFORM BUSINESS REPORT (UBR)						
DOCUMENT # G61702  1. Entity Name						
E.G. SIMMONS FARMS, INC.	$\checkmark$					
	<i>i</i>					
Principal Place of Business	Mailing Address					
% E.G. SIMMONS 6718 SIMMONS LOOP RIVERVIEW FL 33569	% E.G. SIMMONS 6718 SIMMONS LOOP RIVERVIEW FL 33569-9420					
2. Principal Place of Business	3. Mailing Address					
Suite, Apt. #, etc.	Suite, Apt. #, etc.					
City & State	City & State	+				

Zip

GALLA SEMENTS SANDRA SEMONS SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Country

SIMMONS, GEORGE E.

6718 SIMMONS LOOP

6. Name and Address of Current Registered Agent

Zip

DO NOT WRITE IN THIS SPACE									
FEI Number 59-2324012	Applied For								

VIACUAICAA LT 223003											
			City		FL	Zip Code					
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.											
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE											
			FEE IS \$150.00 Fee will be \$550.00 to Department of Sta	10. Election Campa Trust Fund Con	• -		May Be to Fees				
11.	OFFICERS AND DIR	ECTORS	12.	ADDITIONS/CHANGES	TO OFFICERS AND D	IRECTORS	IN 11				
NAME: STREET ADDRESS CITY-ST-ZIP	D SIMMONS, E. GEORGE 6718 SIMMONS LOOP RIVERVIEW FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		[	☐ Change	Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIMMONS, JEAN 6718 SIMMONS LOOP RIVERVIEW FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	70000	) 133275 1 <del>/19/0001/</del>	3 Change	Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SANDRA SIMMONS 6718 SIMMONS LOOP RIVERVIEW FL	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	a na namangang na Palabanga a nan na <mark>a</mark>	**150.00 - ×	###15(	Dedition				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	73	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS		Change	☐ Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ootion 140 07/3Vi) Florido S		Change	Addition				
13. I 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.											

Country

Name

## E. G. SIMMONS FARMS, INC. MSGS, INC. 6718 Simmons Loop

6718 Simmons Loop Riverview, FL 33569

June 15, 2000

Division of Corporations P. O. Box 6327 Tallahassee, Florida 32314

To Whom It May Concern:

I am writing to explain our lateness in filing the reports for these two family corporations. Due to a death in the family in April, these report forms were inadvertently mixed with our mother's files. Upon going through her files this week, they were found and we were mortified.

We have never been late in filing these reports, as I am sure your records will indicate, and truthfully, due to our circumstances were not even thinking about these reports.

We appeal to you to waive the penalty for these corporations. Enclosed, please find our check for the normal filing fee in hopes that you will grant our request.

Sincerely,

Sandra Simmons

Secretary