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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H03449 1. Corporation Name

STREET ADDRESS

SIMMONS & JOHNSON, INC.

Principal Place	of Business	Mailing Address			,		
2686 W. SILVER SPRINGS BLVD.		2686 W. SILVER SPRINGS BLVD.		i			
OCALA FL 34475		OCALA FL 34475		DO NOT WRITE IN THIS SPACE			
US		US		3. Date Incorporated or Qualified			
	•				05/15/1984		
					4. FEI Number	ĪΔ	pplied For
2. Principal Pl	ace of Business	2a. Mailing Address			59-2405011		ot Applicable
21	· _ · · _	26			39 2403011		Additional
Suite, Apt. i	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		tequired
22		27			The second of th		
City & State		City & State		6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees			
23		28	Country				10100
Zip	Country	Zip	~ ´	,	This corporation owes the current year Personal Property Tax.	⊒ Yes	□No
24	25	29 3	 		10. Name and Address of New Registe		
	9. Name and Address of Current	Registered Agent	81	Name	10. Name and Addition of front 10g.		
IUM	NSON, JAMES R.		"				
Sillingo	W. SILVER SPR. BLVD.		82	Street Addi	ress (P.O. Box Number is Not Acceptable)		
			_		. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	# # # # # # # # # # # # # # # # # # #	* 2 1 2 die odd
UCA	LA FL 32675		83	1			
			84	City		FI 85 Zip	Code
reparent smith	er or province to a second	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		a named ass	poration submits this statement for the purpo	se of changing if	ts registered
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes f Florida. Such change was aut	thorized by	the corporati	poration submits this statement for the purpo on's board of directors. I hereby accept the	appointment as r	registered
ଧର agent. l a	m familiar with, and accept the obligation	ons of, Section 607.0505, Florid	da Statutes	5.		9 99	
SIGNATURE	your plant	- JAMES K.	ンロル	250N		7 7 1	
	Signature, typied or printed frame of registered agent			int signature require	ADDITIONS/CHANGES TO OFFICER	S AND DIRECT	ORS IN 12
12.	OFFICERS AND	DIRECTORS	13.	nt signature require	ADDITIONS/CHANGES TO OFFICER	S AND DIRECT	
12.	PD OFFICERS AND		13. 1,1 TITLE		ADDITIONS/CHANGES TO OFFICER		
12. TITLE NAME	PD dFFICEAS AND JOHNSON, JAY	DIRECTORS	13. 1.1 TITLE 1.2 NAME		ADDITIONS/CHANGES TO OFFICER		
12.	PD JOHNSON, JAY 8835 W. ANTHONY RD. NE	DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREE	ET ADORESS	ADDITIONS/CHANGES TO OFFICER		
12. TITLE NAME	PD JOHNSON, JAY 8835 W. ANTHONY RD. NE OCALA FL	DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-1	ET ADORESS	ADDITIONS/CHANGES TO OFFICER	☐ Change	Addition
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6.4 CITY-ST-ZIP

FILED Jan 26, 1999 8:00 am Secretary of State

01-26-1999 90020 037 ***150.00



14. 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 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, with all other like empowered. 629-4366