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 # H18849

SIMS REALTY, INC.

FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90034 016 ***150.00

. 9 // 8/8/8 16/ 1 /8/ 17 8 /	

						_\	
Principal Place	e of Business	Mailing Address					
5605 WESCONNETT BLVD JACKSONVILLE FL 32244 5605 WESCONNETT BLVD JACKSONVILLE FL 32244					DO NOT-WRITE IN THIS SPACE	نبتب	
						3. Date Incorporated or Qualifed	7
						08/21/1984	-
Principal Place of Business 2a. Mailing Address					4. FEI Number Applied For	┨	
21		26				59-2440083 Not Applicable	4
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired Fee Required	
City & State		City & State				6. Election Campaign Financing \$5.00 May Be	
23		28				Trust Fund Contribution Added to Fees	-
Zip	Country	Zip	Cour	ntry		8. This corporation owes the current year Intangible Personal Property Tax.	
24	25		30				-
	9. Name and Address of Current	Registered Agent		81	Name	10. Name and Address of New Registered Agent	1
CIMO	IOHN G		ł	۱''	Name		╛
SIMS, JOHN G. 5605 WESCONNETT BLVD. JACKSONVILLE FL 32244		ļ	82	Street Addre	ddress (P.O. Box Number is Not Acceptable)		
		Ì	83			1	
			ł	84	City	FL 85 Zip Code	1
		, 	n=tho:oh		'namad'aarnr	pration submits this statement for the purpose of changing its registered	= =_
office or re	egistered agent, or both, in the State of familiar with, and accept the obligation	nt Florida. Such change was au	tnonzea	DV I	tne corporatio	in's board of directors. I hereby accept the appointment as registered	
SIGNATURE	Signature, typed or printed name of registered agent	and title if epolicable (NOTE:	Registered	Agen	t signature required	s when reinstating) DATE	1
12.	OFFICERS ANI		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12] }
TITLE	PST	☐ DELETE	1.1 TIT	LE		☐ Change ☐ Addition	١ :
NAME	SIMS, JOHN G.		1.2 NA	ME			;
STREET ADDRESS	5605 WESCONNETT BLVD		1.3 STI	REET	ADORESS		l
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CIT	Y-ST	r-ZIP		_ {
TITLE		☐ DELETE	2.1 TIT	LE		Change Addition	a] S
NAME	22 N		2.2 NA	ME			ĺ
STREET ADDRESS			2.3 ST	REET	ADDRESS		
CITY-ST-ZIP			2. 4 CT	TY-S	T-ZIP		
TITLE		☐ DELETE	3.1 TIT			☐ Change ☐ Addition	a l
NAME			3.2 NA	ME			1
STREET ADDRESS			3.3 ST	REET	ADDRESS		
CITY-ST-ZIP			3.4. CI				
TITLE		☐ DELETE	4.1 TIT			☐ Change ☐ Addition	n]
NAME			4. 2 N	AME		- · · · · · · · · · · · · · · · · · · ·	Ì
			4.3 ST	REET	ADDRESS		
STREET ADDRESS			4.4 CIT				1
TITLE		☐ DELETE	5.1 TIT			☐ Change ☐ Addition	n]
NAME .		—	5.2 NA		1		
STREET ADDRESS			5.3 ST	REET	ADDRESS		
			5.4 CIT		1		-
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TIT			☐ Change ☐ Addition	n
			6.2 NA	MĒ			
NAME					FADDRESS	•	-}
STREET ADDRESS	A A		6.4 CIT			•	1
CITY OF 7ID	1		V.T ()				1

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 or a statement with an address, with all other like empowered.

SIGNATURE: