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**CORPORATION
ANNUAL REPORT
1995**



**FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS**

95 APR 25 AM 11:12

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # H28415 (8)

**1. Corporation Name
SIMPAR, INC.**

**Principal Place of Business
12 MAHOE DRIVE SOUTH
PALM COAST FL 32137**

**Mailing Address
12 MAHOE DRIVE SOUTH
PALM COAST FL 32137**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 11/02/1984 **3a. Date of Last Report 06/13/1994**
4. FEI Number 59-2520014 **Applied For Not Applicable**
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under S. 100.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business **2a. Mailing Address**
21 **26**
Suite, Apt. #, etc. **Suite, Apt. #, etc.**
22 **27**
City & State **City & State**
23 **28**
Zip **Country** **Zip** **Country**
24 **25** **29** **30**

9. Name and Address of Current Registered Agent

**ROSENBAUM, STAN
12 MAHOE DRIVE SOUTH
PALM COAST FL 32137**

10. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GEORGIOULIS, CONSTANTINE
STREET ADDRESS	145 FLORIDA PARK DR.
CITY - ST - ZIP	PALM COAST FL
TITLE	VD
NAME	ROSENBAUM, STAN
STREET ADDRESS	5 SHAWNEE TRAIL
CITY - ST - ZIP	ORMOND BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-95

DATE

904 446-0346

TELEPHONE NUMBER