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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **K33199** **(6)**

1. Corporation Name

TERRY SIMPSON, INC.

Principal Place of Business	Mailing Address
602 JAMES AVE. P.O. BOX 533 LEHIGH ACRES FL 33970	602 JAMES AVE P.O. BOX 533 LEHIGH ACRES FL 33970

3. Date Incorporated or Qualified: **08/31/1988**

3a. Date of Last Report: **11/09/1995**

4. FEI Number: **59-2909314** ☐ 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. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 723 Shadyside St	26 723 Shadyside St
Suite, Apt. #, etc. 22 P.O. Box 533	Suite, Apt. #, etc. 27 P.O. Box 533
City & State 23 Lehigh Acres FL	City & State 28 Lehigh Acres FL
Zip 24 33970	Zip 29 33970
Country 25	Country 30

9. Name and Address of Current Registered Agent

SIMPSON, LILLIAN
602 JAMES AVE.
LEHIGH ACRES FL 33976

10. Name and Address of New Registered Agent

81 Name: Lillian Simpson
82 Street Address (P.O. Box Number is Not Acceptable): 723 Shadyside St
83
84 City: Lehigh Acres **FL** 85 Zip Code: 33936

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: Lillian P. Simpson Lillian P. Simpson DATE: 4-11-96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SIMPSON, WILEY 602 JAMES AVE. LEHIGH ACRES FL 33976 ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SIMPSON, LILLIAN 602 JAMES AVE. LEHIGH ACRES FL 33976 ☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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 119.07(3)(k), 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: Lillian P. Simpson Lillian P. Simpson 4-11-96 941-939-2555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)