FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

Sent by certified mail
Z 184-718-84[illegible]

DOCUMENT # K43230 (7)

1. Corporation Name
H. E. J. SIMON & SONS, INCORPORATED

Principal Place of Business
~~4017 78 DRIVE EAST~~
~~P.O. B. 246~~
SARASOTA FL 34230
US

Mailing Address
~~4017 DRIVE EAST~~
P.O.B. 246
SARASOTA FL 34230
US

[redacted]

3. Date Incorporated or Qualified: 11/02/1988
3a. Date of Last Report: 06/30/1995
4. FEI Number: 65-0084259 ☐ 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
21 8845 Mac gregor Lane
Suite, Apt. #, etc.
22 [redacted]
City & State
23 Sarasota , FL
Zip 24 34238 Country 25 USA

2a. Mailing Address
26 8845 Mac Gregor Lane
Suite, Apt. #, etc.
27 [redacted]
City & State
28 Sarasota FL
Zip 29 34238 Country 30 USA

9. **Name and Address of Current Registered Agent**
SIMON, HENRI E. J.
~~4017 78 DRIVE EAST~~
SARASOTA FL 34230

10. **Name and Address of New Registered Agent**
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable) 8845 Macgregor Lane
B3 [redacted]
B4 City Sarasota FL B5 Zip Code 34238

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 reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPST	☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	SIMON, HENRI E. J.		1.2 NAME	8845 Mac gregor Lane
STREET ADDRESS	~~4017 78 DRIVE EAST~~		1.3 STREET ADDRESS	[redacted] - Sarasota FL 34238
CITY-ST-ZIP	SARASOTA FL		1.4 CITY-ST-ZIP	
TITLE	DV	☒ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	SIMON, ROBERT		2.2 NAME	
STREET ADDRESS	4017 78 DRIVE EAST		2.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL		2.4 CITY-ST-ZIP	
TITLE	DV	☒ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	SIMON, RONALD		3.2 NAME	
STREET ADDRESS	4017 78 DRIVE EAST		3.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL		3.4 CITY-ST-ZIP	
TITLE	DT	☒ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	SIMON, ROGER		4.2 NAME	
STREET ADDRESS	4017 78 DRIVE EAST		4.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL		4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

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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: [signature] HENRI SIMON PRES 4-29-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)