

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

FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90092 038 ***150.00

DOCUMENT # K59643

1. Corporation Name
SIMPSON LAWRENCE USA, INC.

Principal Place of Business
6208 28TH STREET EAST
101 E KENNEDY BLVD #2500
BRADENTON FL 34203-5301
US

Mailing Address
6208 28TH STREET EAST
BRADENTON FL 34203-5301
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/19/1989

4. FEI Number
65-0096820

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

28 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GORDON, BRUCE H
101 E KENNEDY BLVD #2800
PO BOX 172609
TAMPA FL 33672-0609

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME CHAMERS, NICOLAS O
STREET ADDRESS 218/228 EDMISTON DR
CITY-ST-ZIP GLASGOW G51 2

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME PD STEVEN E PALEY
1.3 STREET ADDRESS 6208 28th STREET EAST
1.4 CITY-ST-ZIP BRADENTON, FL

TITLE PD ☐ DELETE
NAME BRAINE, BRIAN
STREET ADDRESS 6208 28TH STREET EAST
CITY-ST-ZIP BRADENTON FL

2.1 TITLE D ☒ Change ☐ Addition
2.2 NAME BRAINE, BRIAN
2.3 STREET ADDRESS 6208 28th STREET EAST
2.4 CITY-ST-ZIP BRADENTON, FL

TITLE D ☐ DELETE
NAME KENT, A.C.E.
STREET ADDRESS 218/228 EDMISTON DR.
CITY-ST-ZIP GLASGOW G5

3.1 TITLE VPD ☐ Change ☒ Addition
3.2 NAME THOMAS H. FLEMING, JR
3.3 STREET ADDRESS 6208 28th STREET EAST
3.4 CITY-ST-ZIP BRADENTON, FL

TITLE D ☐ DELETE
NAME MACMILLAN, ARTHUR
STREET ADDRESS 218/228 EDMISTON AVE
CITY-ST-ZIP GLASGOW G51 2

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEVEN E. PALEY 4/22/99 941.753.7533
Daytime Phone #

CR2E034 (1/98)

0466016