FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 11:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K69628 (1)

1. Corporation Name
SIMPSON & ASSOCIATES, INC.

Principal Place of Business	Mailing Address
21310 HIGHWAY 98 N TRILBY FL 33593	21310 HIGHWAY 98 N TRILBY FL 33593

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/01/1989
3a. Date of Last Report: 02/21/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
4. FEI Number: 59-2935327 ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

City & State — 23
City & State — 28
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

Zip — 24
Country — 25
Zip — 29
Country — 30
8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SIMPSON WAYNE
21310 HWY 98 N
TRILBY FL 33593

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 Reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	D/P/T	☒ Change ☐ Addition
NAME	SIMPSON, GLORIA J.	12 NAME	SIMPSON, GLORIA J.	
STREET ADDRESS	347 HWY 98 N	13 STREET ADDRESS	P.O. BOX 347 (N/A)	
CITY-ST-ZIP	TRILBY FL	14 CITY-ST-ZIP	TRILBY, FL 33593	
TITLE	S	21 TITLE		☒ Change ☐ Addition
NAME	WALLER, BILLY G	22 NAME	NO LONGER WITH COMPANY	
STREET ADDRESS	21310 HWY 98 N	23 STREET ADDRESS		
CITY-ST-ZIP	TRILBY FL	24 CITY-ST-ZIP		
TITLE	VP	31 TITLE	VP/S	☒ Change ☐ Addition
NAME	ARNOLD MALONE	32 NAME	ARNOLD MALONE	
STREET ADDRESS	21310 HWY 98 N	33 STREET ADDRESS	21310 HWY 98, NORTH	
CITY-ST-ZIP	TRILBY FL	34 CITY-ST-ZIP	TRILBY, FL 33593	
TITLE	P	41 TITLE	VP	☒ Change ☐ Addition
NAME	WILTON E SIMPSON	42 NAME	WILTON E. SIMPSON	
STREET ADDRESS	5384 LEISURE	43 STREET ADDRESS	5384 LEISURE STREET	
CITY-ST-ZIP	TRILBY FL 33593	44 CITY-ST-ZIP	TRILBY, FL 33593	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

D 7.6.19

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)(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.

SIGNATURE: A. MALONE V.P. 4/25/95 (800)222-9898
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0442178 FP