

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

DOCUMENT # **K69628**

(1)

1. Corporation Name
SIMPSON & ASSOCIATES, INC.



Principal Place of Business
**21310 HIGHWAY 98 N
TRILBY FL 33593**

Mailing Address
**21310 HIGHWAY 98 N
TRILBY FL 33593**

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

**SIMPSON WAYNE
21310 HWY 98 N
TRILBY FL 33593**

3. Date Incorporated or Qualified
03/01/1989

3a. Date of Last Report
05/01/1995

4. FEI Number
59-2935327

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

10. Name and Address of New Registered Agent

81. Name

WILTON E. SIMPSON

82. Street Address (P.O. Box Number is Not Acceptable)

21310 HWY 98 N.

83.

84. City

TRILBY

FL

85. Zip Code

33593

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 **WILTON E. SIMPSON, VICE PRESIDENT**

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

(NOTE: Registered Agent's signature required when submitting)

3/19/96

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

**DPT
SIMPSON, GLORIA J
P.O. BOX 347 N/A
TRILBY FL 33593**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

**VPS
MALONE, ARNOLD
21310 HWY 98, NORTH
TRILBY FL 33593**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

**V
SIMPSON, WILTON E
5384 LEISURE STREET
TRILBY FL 33593**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
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STREET ADDRESS
CITY- ST- ZIP

☐ DELETE

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: **Jimmy W. Simpson**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**500001764315
-04/01/96--01032--001
***208.75**

2/6/96

352-583-4647
Daytime Phone #

CR2E034 (12/95)

3-30-1996