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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

101

LARRY M. SIMMONS, P.E., INC.						
Principal Place	of Business	Mailing Address		·-·-		BAR BURNE GRAPH HANDE
327 OFFICE PLAZA STE 206 TALLAHASSEE FL 32301		P.O. BOX 37278 SUITE D-11 TALLAHASSEE FL 32315				
US		U\$		3. Date Incorporated or Qualified 06/05/1990	3a. Date of Last I 04/26/19	
t. Principal Pla	ace of Business	2a. Mailing Address 26		4. FEI Number		Applied For
Suite, Apt. #	f, etc.	Suite, Apt. #, etc.		59-3022806	\$8.7	Not Applicable 5 Additional
		27		5. Certificate of Status Desired	1 1	Required
Crty & State		City & State		6. Election Campaign Financing	\$5.0	00 May Be
Zip	Country	28 Zip	Country	Trust Fund Contribution		ed to Fees
]	25	29	30	8. This corporation has liability for the Florida Statutes Yes	intangibie tax under s :	s 199.032,
	9. Name and Address of Curr	ent Registered Agent		10. Name and Address of New R		
*****			81 Name			
SIMMONS, LARRY M PE 327 OFFICE PLAZA, SUITE 206			82 Street Add	82 Street Address (P.O. Box Number is Not Acceptable)		
	ICLE HILL		83		· ·	
	ASSEE FL 32301				·	
			84 Crty		FL 85 7	'ıp Code
 Pursuant to 	the provisions of Sections 607.05	02 and 607.1508, Florida Sta	itutes, the above-named corpo	pration submits this statement for the pur	rpose of changing its	
or registere familiar witi IGNATURF	to agent, or both, in the State of Fi in, and accept the obligations of, Se	anda. Such change was auth ection 607.0505, Florida Statu	onzed by the corporation's boa ites.	pration submits this statement for the pur and of directors. Thereby accept the appoint	ointment as régistere	d agent. I am
or registere familiar witi IGNATURE.	to agent, or both, in the State of Fide, and accept the obligations of, Se Signature, by edior pointed name of registered ag	onda: Such change was authection 607.0505, Florida Statu ection for tappical≠ NND DIRECTORS	onzed by the corporation's boa	and of directors. Thereby accept the appo	ointment as registere	d agent. I am
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SIGNATURE: SIGNATURE AND TYPED

3-14-96 904-656-2122