

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Jan 22 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # **L77799** (9)

1. Corporation Name

**LARRY M. SIMMONS, P.E., INC.**

Principal Place of Business

**327 OFFICE PLAZA  
STE 206  
TALLAHASSEE FL 32301  
US**

Mailing Address

**P.O. BOX 37278  
SUITE D-11  
TALLAHASSEE FL 32315-7278  
US**



2. Principal Place of Business

**210 OFFICE PLAZA**

Suite, Apt. #, etc.

22

City & State

**TALLAHASSEE, FL**

Zip

**32301**

Country

**USA**

2a. Mailing Address

**P.O. BOX 37278**

Suite, Apt. #, etc.

27

City & State

**TALLAHASSEE, FL**

Zip

**32315-7278**

Country

**USA**

3. Date Incorporated or Qualified

**06/05/1990**

3a. Date of Last Report

**03/27/1996**

4. FEI Number

**59-3022806**

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

9. Name and Address of Current Registered Agent

**SIMMONS, LARRY M PE  
327 OFFICE PLAZA, SUITE 206  
5050 ICICLE HILL  
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name

**SIMMONS, LARRY M., PE**

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

**5050 ICICLE HILL**

83

84 City

**TALLAHASSEE**

FL

85 Zip Code

**32303**

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

TITLE ☐ DELETE

**D  
SIMMONS, LARRY M.  
P O BOX 37278 N/A  
TALLAHASSEE FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

SIGNATURE, AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1-15-97 904-656-2122**

0060013

CR2E034 (9/96)