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Mar 19 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 # **L84960** (8)
1. Corporation Name
SIMUTECH CORPORATION



Principal Place of Business: **C/O TIMOTHY A FRERIKS
10504 CARROLLVIEW DR
TAMPA FL 33618**
Mailing Address: **C/O TIMOTHY A FRERIKS
10504 CARROLLVIEW DR
TAMPA FL 33618-4006**

3. Date Incorporated or Qualified: **07/03/1990**
3a. Date of Last Report: **04/09/1996**
4. FEI Number: **59-3012013**
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

2. Principal Place of Business:
21. Suite, Apt. #, etc.
22. City & State
23. Zip
24. Country
25. Country
2a. Mailing Address:
26. Suite, Apt. #, etc.
27. City & State
28. Zip
29. Country
30. Country

9. Name and Address of Current Registered Agent

**FRERIKS, TIMOTHY A.
10504 CARROLLVIEW DR
TAMPA FL 33618**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code
FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS
TITLE: **PD** ☐ DELETE
NAME: **FRERIKS, TIMOTHY A.**
STREET ADDRESS: **10504 CARROLLVIEW DR.**
CITY-STATE-ZIP: **TAMPA FL**
TITLE: **VSD** ☐ DELETE
NAME: **JAMES B THOMANN**
STREET ADDRESS: **46 HARBOR LAKE CIRCLE**
CITY-STATE-ZIP: **SAFETY HARBOR FL**
TITLE: ☐ DELETE
NAME: ☐ DELETE
STREET ADDRESS: ☐ DELETE
CITY-STATE-ZIP: ☐ DELETE
TITLE: ☐ DELETE
NAME: ☐ DELETE
STREET ADDRESS: ☐ DELETE
CITY-STATE-ZIP: ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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 is stated on this annual report or supplement to 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: **JAMES B. THOMANN** **JAMES B. THOMANN** 3/4/97 813-933-0610
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)