2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State
04-29-2004 90339 005 ****61.25

DOCUMENT # N02000002611

1. Entity Name
SIMMS ENTERPRISES, INC.

Principal Place of Business	Mailing Address
2601 TROLLIE LANE #8 JACKSONVILLE, FL 32213-800	P.O. BOX 11205 JACKSONVILLE, FL 32239

04272004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
1398 Sinclair Lane	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Jacksonville, Florida	City & State
Zip: 32221 Country: USA	Zip Country

4. FEI Number 01-0586060 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SIMMONS, ROSCOE G 2601 TROLLIE LANE #8 JACKSONVILLE, FL 32213-800	Name: Simmons, Roscoe G. Street Address (P.O. Box Number is Not Acceptable): 1398 Sinclair Lane City: Jacksonville FL Zip Code: 32221

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Roscoe G. Simmons (VP) DATE: 4/27/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RANDOLPH, LESTER 4207 LALOSA DR JACKSONVILLE, FL 32217	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JAMES, VIVIAN M 5113 N GLEN ALAN CT JACKSONVILLE, FL 32210	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Roscoe G. Simmons 1398 Sinclair Lane Jacksonville, FL 32221	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DANNER, DIONNE 10165 GENI HILL CIRCLE S JACKSONVILLE, FL 322258	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Vincent F. Foster 10954 Crichton Road Jacksonville, FL 32221	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CUNNINGHAM, CHRISTOPHER G 4800 ORTEGA FARMS BLVD APT 1401 JACKSONVILLE, FL 32210	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Carl T. Smith 318 East 10th Street Jacksonville, FL 32206	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BULLARD, HAYWARD III 10430 SONG SPARROW LN JACKSONVILLE, FL 32218	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Booker Hill 2147 Quailhollow Drive Jacksonville, FL 32218	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I 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 report or supplemental 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 4/27/04 904-655-9803
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #