FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995 5-1-95 B 5515

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

APPROVED AND FILED

95 MAY -1 PM 3:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000000833 (2)

1. Corporation Name
GUY SIMMONS COMPANY

Principal Place of Business
2310 ROSELLE STREET
JACKSONVILLE FL ~~32203~~ 32204

Mailing Address
2310 ROSELLE STREET
JACKSONVILLE FL ~~32203~~ 32204

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/06/1993
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21
State Apt # etc.
22
City & State
23
24 25

2a. Mailing Address
26
State Apt # etc.
27
City & State
28
29 30

4. FEI Number: 59-3159296 — 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. Does your corporation qualify for exemption under Section 607.0505 Florida Statutes? ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
SIMMONS, MICHAEL
942 OLD HICKORY RD.
JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent
01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City FL 05 Zip Code

11. Pursuant to the provisions of Section 607.0505 Florida Statutes, the undersigned corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The name and address of the registered office and the name and address of the registered agent of this corporation as shown in Section 9 and Section 10 hereof, are hereby accepted as the registered office and registered agent of this corporation.

SIGNATURE MICHAEL SIMMONS 4/28/95

12. OFFICERS AND DIRECTORS

Title	D
NAME	SIMMONS, GUY A
Street Address	5315 WHITNEY STREET
City, State, Zip	JACKSONVILLE FL 32211
Title	D
NAME	SIMMONS, GUY M
Street Address	942 OLD HICKORY ROAD
City, State, Zip	JACKSONVILLE FL 32207

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

☐ Change ☐ Addition
Title
NAME
Street Address
City, State, Zip

☐ Change ☐ Addition
Title
NAME
Street Address
City, State, Zip

☐ Change ☐ Addition
Title
NAME
Street Address
City, State, Zip

☐ Change ☐ Addition
Title
NAME
Street Address
City, State, Zip

☐ Change ☐ Addition
Title
NAME
Street Address
City, State, Zip

☐ Change ☐ Addition
Title
NAME
Street Address
City, State, Zip

14. I hereby certify that the information supplied with this report is accurate and that I have not paid, nor do I intend to pay, a fee to any person other than the person authorized to file this report as required by Section 607.0120 Florida Statutes. I further certify that I am an officer or director of the corporation or the registered agent of the corporation as shown on the last report filed with the Department of State or I am the person authorized to file the report as required by Chapter 607 Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or in the annual report as an officer or director.

SIGNATURE: 4/28/95 904.389.8113
SIGNATURE AND TYPED OR PRINTED NAME OF REPORTING OFFICER OR DIRECTOR
GUY A. SIMMONS

0014403 CP