

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P93000015424 (3)

1. Corporation Name

SIMMONS, LAPLANT & ASSOCIATES, C.P.A., P.A.



Principal Place of Business

100 SOUTH ASHLEY DRIVE  
SUITE 800  
TAMPA FL 33602

Mailing Address

100 SOUTH ASHLEY DRIVE  
SUITE 800  
TAMPA FL 33602

2. Principal Place of Business

21 201 E KENNEDY BLVD

2a. Mailing Address

26 201 E KENNEDY BLVD

(Suite) Apt. #, etc.

22 715

(Suite) Apt. #, etc.

27 715

City & State

23 TAMPA FL

City & State

28 TAMPA, FL

Zip

24 33602

Country

25 USA

Zip

29 33602

Country

30 USA

3. Date Incorporated or Qualified

02/19/1993

3a. Date of Last Report

05/01/1995

4. FEI Number

59-3168129

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

MOHIP, AMINIE ESQ  
ONE TAMPA CITY CENTER  
SUITE 2600  
TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 D ☐ DELETE  
NAME SIMMONS, MARY W  
STREET ADDRESS 100 S. ASHLEY DRIVE, SUITE 800  
CITY-ST-ZIP TAMPA FL 33602

TITLE D ☐ DELETE  
NAME LA PLANT, ROBERT E  
STREET ADDRESS 100 S. ASHLEY DRIVE, SUITE 800  
CITY-ST-ZIP TAMPA FL 33602

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 ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS 201 E KENNEDY BLVD # 715  
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS 201 E KENNEDY BLVD, # 715  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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

MARY W SIMMONS

1-23-96

813 229 2070

Date

Daytime Phone #

CR2E034 (12/95)