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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

FILED

Jan 23, 1999 8:00am

Secretary of State

01-23-1999 90043 003 ***150.00

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000019088

Principal Place of Business

GEORGE AND MARY SIMMONS REALTY, INC.

2867 CALEDONIA ST MARIANNA FL 32446		P.O. BOX 414 Marianna Fl. 32447-0414		DO NOT WRITE	IN THIC C	DACE		
US					3. Date Incorporated or Qualifed 03/10/1993	IN THIS S	PACE	
2 Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number		T -T	Applied For
21	ace of business	26			59-3170872		\vdash	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				\$8.7	5 Additional	
22		27		5. Certifcate of Status Desired		Fee	Required	
City & State		City & State		6. Election Campaign Financing		\$5.0	0 May Be	
23		28			Trust Fund Contribution		Adde	d to Fees
Zip	Country	Zip	Country	'	8. This corporation owes the curren	•	_	
24	25	29 30	<u> </u>		Personal Property Tax.		Yes	□No
	9. Name and Address of Curre	nt Registered Agent	81	Mar	10. Name and Address of New Re	jistered Aç	jent	
CIAAL	JON GEORGE E		01	Nar	me			
SIMMON, GEORGE F PO BOX 414			82	Stre	eet Address (P.O. Box Number is Not Acceptable	e)		
Mariana FL 32447			83		//			
	•		84	City	4	FI	85 Z	p Code
11. Dursupert to the provisions of Sections 607 0502 and 607 1508. Florida Statutes, the above-pamed comporation 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								<u>.</u>
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registe 12. OFFICERS AND DIRECTORS 1				nt signat	ture required when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE SERS AND	DIREC	TORS IN 12
TITLE	PST OFFICERS AI	□ DELETE	1.1 TITLE		ADDITIONO/OF BANGES TO GITTA		Chang	
NAME	SIMMONS, GEORGE F		1.2 NAME					
STREET ADDRESS	PO BPX 414 NA		1.3 STREE	TADORE	ESS			
CITY-ST-ZIP	MARIANNA FL 32447-0414		1.4 CITY-S					į
TITLE		☐ DELETE	2.1 TITLE			ĺ	Chang	e Addition
NAME			2.2 NAMÉ					
STREET ADDRESS			2.3 STREET	T ADDRI	ESS			
CITY-ST-ZIP			2. 4 CITY-5	ST-ŻIP				
TITLE		☐ DELETE	3.1 TITLE			I	Chano	ge 🗌 Addition
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREE	T ADDRE	ESS			
CITY-ST-ZIP			3.4. CITY- 9	ST-ZIP				
TITLE	•	☐ DELETE	4.1 TITLE				Chan	ge 🗌 Addition
NAME			4.2 NAME					
STREET ADDRESS			4.3 STREE		ESS			· ·
CITY-ST-ZIP		C BELETE	4.4 CITY-S	T-ZIP			Chang	e Addition
TITLE		☐ DELETE	5.1 TITLE 5.2 NAME] Ona(i	Addition
NAME			5.3 STREE	TADDO	ESS			ļ
STREET ADDRESS			5.4 CITY-S					1
CITY-ST-ZIP		☐ DELETE	6.1 TITLE		-		Chang	e Addition
NAME			6.2 NAME			,		
INVANC								I

CITY-ST-ZIP 14. 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 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 changes, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURI

STREET ADDRESS