

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 # **P93000027779 (6)**

1. Corporation Name

L. SIMON, INC.



Principal Place of Business

**7932 SISKIN AVE
JACKSONVILLE FL 32219**

Mailing Address

**7932 SISKIN AVE
JACKSONVILLE FL 32219**

3. Date Incorporated or Qualified

04/14/1993

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc

22 City & State

27 City & State

23 Zip

24 Country

28 Zip

29 Country

25

30

4. FET Number

59-3177371

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

\$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

10. Name and Address of New Registered Agent

**SIMON, MICHAEL P
606 PARK AVE
ORANGE PARK FL 33067**

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

Michael Simon

Signature of Registered Agent (Signature required when changing agent)

4-26-96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **SIMON, LATRALL**
CITY-ST-ZIP **7932 SISKIN AVE
JACKSONVILLE FL 32219**

1. TITLE ☐ Change ☐ Addition
2. NAME
3. STREET ADDRESS
4. CITY-ST-ZIP

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **SIMON, ANNIE MAE**
CITY-ST-ZIP **7932 SISKIN AVE
JACKSONVILLE FL 32219**

2. TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **SIMON, MICHAEL P**
CITY-ST-ZIP **606 PARK AVE
ORANGE PARK FL 32067**

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

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **ROUNTREE, TRACEY J**
CITY-ST-ZIP **3556 DILLON ST
JACKSONVILLE FL 32205**

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

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **SIMON, BEBORAH A**
CITY-ST-ZIP **7932 SISKIN AVE
JACKSONVILLE FL 32219**

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6. 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:

Michael Simon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-96

DATE

Daytime Phone #

CR2E034 (12/95)