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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000051963 (5)

SIMON SYSTEMS, INC.

Principal Place of Business Mailing Address

8811 PHILLIPS INDUSTRIAL BLVD

JACKSONVILLE FL 32256
US

Mailing Address

8811 PHILLIPS INDUSTRIAL BLVD

JACKSONVILLE FL 32256
US

FILED May 06 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/26/1993 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-3195375 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be П 23 28 Trust Fund Contribution Added to Fees Ζφ Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 Personal Property Yax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 61 Name BRINDLEY, DON M 24700 DEER TRACE 82 Street Address (P.O. Box Number is Not Acceptable) PONTE VEDRA FL 32082 83 84 City 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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13, TITLE DELETE 1.1 TITLE Change Addition CR2E034 BRINDLEY, DON M NAME 1.2 NAME 24700 DEER TRACE STREET ADDRESS 1.3 STREET ADDRESS PONTE VEDRA FL CITY-ST-ZW 1.4 CITY - ST-ZIP DELETE Change Addition 21 TITLE TITLE NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change ☐ Addition 3.1 THILE NAME 32 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZYP 3.4. CITY-ST-ZIP DELETE Addition Change TITLE 4.1 TITLE 4.2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY - ST - ZIP DELETE Change Addition 5.1 TITLE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change ☐ Addition TITLE 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZW

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 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 forporation or the rocciver 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 for on an attachment with an address

SIGNATURE:

april 24, 1898 (904) 292-4050