

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 JUN 20 AM 9:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300001519213

-06/21/95--01046--020

****225.00 ****225.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # **193 0000 53 292**

1. Corporation Name

SIMPEX, INC

Principal Place of Business Mailing Address **same**
2000-1 Hendricks Ave
Suite 110
Jacksonville, FL 32207

3. Date Incorporated or Qualified 3a. Date of Last Report

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21. same		2a. same		59-319649		Not Applicable	
22. Suite, Apt. #, etc		2b. Suite, Apt. #, etc		5. Certificate of Status Desired		☐ \$8.75 Additional Fee Required	
23. City & State		2c. City & State		6. Election Campaign Financing		☐ \$5.00 May Be Added to Fees	
24. Zip		2d. Zip		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes		☐ Yes ☐ No	
25. Country		2e. Country					

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

F+L Corp.
200 Laura Str. 3rd Floor
Jacksonville, FL 32202-3510

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. State	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 resigning

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Director	1.1 TITLE	☐ Change ☐ Addition
NAME	SMITH, Mircille C.	1.2 NAME	
STREET ADDRESS	716 Spinnaker's Reach Dr.	1.3 STREET ADDRESS	
CITY ST ZIP	Ponte Vedra Beach, FL 32082	1.4 CITY ST ZIP	
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY ST ZIP		2.4 CITY ST ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY ST ZIP		3.4 CITY ST ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY ST ZIP		4.4 CITY ST ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST ZIP		5.4 CITY ST ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		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)(h), 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:

Mircille C. Smith

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

June 2, 1995 (904) 396 5674

DATE DATE