

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000062807**

1. Corporation Name

SIMSOL INSURANCE SERVICES, INC.

Principal Place of Business

**9825 W SAMPLE RD
SUITE 206
CORAL SPRINGS FL 33065
US**

Mailing Address

**9825 W SAMPLE RD
SUITE 206
CORAL SPRINGS FL 33065
US**

2. Principal Place of Business

21 2732 EDGEWATER DR

2a. Mailing Address

26 2732 EDGEWATER DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 NICEVILLE, FL

City & State

28 NICEVILLE, FL

Zip

24 32578

Country

25 USA

Zip

29 32578

Country

30 USA

9. Name and Address of Current Registered Agent

**ROBERTS, DONALD L
9825 W SAMPLE RD
SUITE 206
CORAL SPRINGS FL 33065**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/02/1993

4. FEI Number

65-0387021

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name

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

2732 EDGEWATER DRIVE

83

84 City **NICEVILLE**

FL

85 Zip Code **32578**

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

Don Roberts, EXEC VP

1/15/99

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 **P** ☐ DELETE

NAME **POSTAVA, JOHN A**
STREET ADDRESS **1017 MERIEN CT**
CITY-ST-ZIP **OVIEDO FL**

TITLE **TS** ☐ DELETE

NAME **ROBERTS, DONALD L**
STREET ADDRESS **9825 W SAMPLE RD SUITE 206**
CITY-ST-ZIP **CORAL SPRINGS FL**

TITLE **V** ☐ DELETE

NAME **MORITZ, JOHN R.**
STREET ADDRESS **14612 N 47TH STREET**
CITY-ST-ZIP **PHOENIX AZ**

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

1.4 CITY-ST-ZIP

2.1 TITLE

☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

**2732 EDGEWATER DRIVE
NICEVILLE, FL 32578**

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 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 changed, on an attachment with an address, with all other like empowered.

SIGNATURE:

Don Roberts
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/99
Date

850-729-9232
Daytime Phone #

CR2E034 (1/98)

01623691

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90077 044 ***150.00

