

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

CORPORATION,
ANNUAL REPORT
1995



RECEIVED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

MAY - 1 1995

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000077139 (2)

1. Corporation Name

SIMPSON CAPITAL MANAGEMENT, INC.

Principal Office Location

C/O WILLIAM SCOTT FOSTER
909 MAR WALT DR. SUITE 1014
FT. WALTON BEACH FL 32547

Mailing Address

C/O WILLIAM SCOTT FOSTER
909 MAR WALT DR. SUITE 1014
FT. WALTON BEACH FL 32547

2. Filing Agent (If Not Filing Agent)

3. Date of Incorporation (If Not Filing Agent)

10/28/1993

3a. Date of Last Report

07/25/1994

2. Filing Agent (If Not Filing Agent)

21

2b. Mailing Address

26

4. Filing Agent

59-3215641

Applied Fee

Not Applicable

22. Filing Agent

22

27. Filing Agent

27

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

23. Filing Agent

23

28. Filing Agent

28

6. Elective Campaign Financing

\$5.00 May Be

Added to Fees

24. Filing Agent

24

25

29

29

30

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8. The corporation has liability for applicable law under 12-190.032

Florida Statute

Yes

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FOSTER, WILLIAM S
909 MAR WALT DR.
SUITE 1014
FORT WALTON BEACH FL 32547

81

Name

82

Street Address (If Not Filing Agent, Not Applicable)

83

83

84

City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 608.01(2)(b) and 608.01(2)(c), Florida Statutes, the officer or officers who submit this statement for the purpose of changing its registered office or registered agent, certify that the State of Florida has been properly notified of this corporation's board of directors' decision to accept the appointment of its registered agent. I am

Signature of Filing Agent

Albert L. Simpson Jr.

Signature of Filing Agent (If Not Filing Agent, Not Applicable)

Albert L. Simpson Jr.

12. OFFICERS AND DIRECTORS

13. ADDITIONAL INFORMATION TO OFFICERS AND DIRECTORS (If Not Filing Agent, Not Applicable)

NAME
D
SIMPSON, ALBERT L JR
4121 INDIAN TRAIL, EAST
DESTIN FL

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14. I hereby certify that the information supplied with this filing is substantially true and correct, and that I am not guilty of the offenses stated in Section 608.01(2)(b), Florida Statutes. I further certify that this filing was made in accordance with the annual report or supplemental annual report, if any, and is accurate and that my signature shall have the same legal effect as if made under oath. My signature is a true and correct copy of the signature of the officer or officers who submit this statement for the purpose of changing its registered office or registered agent, and that my name appears on the back of the statement as an authorized signatory.

SIGNATURE:

Albert L. Simpson Jr.

Albert L. Simpson Jr. 30, 1995 904-654-4257