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May 02 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P94000011083 (0)

1. Corporation Name:  
JUDITH W. SIMMONS, P.A.

Principal Place of Business  
304 MIDLOTHIAN AVE.  
TEMPLE TERRACE FL 33617

Mailing Address  
304 MIDLOTHIAN AVE.  
TEMPLE TERRACE FL 33617-4827



3. Date Incorporated or Qualified 02/10/1994  
3a. Date of Last Report 07/02/1996

2. Principal Place of Business  
21 100 N. TPA ST.  
Suite, Apt. #, etc.  
22 #2500  
City & State  
23 TAMPA FL  
Zip  
24 33602 Country  
25 USA  
2a. Mailing Address  
26 PO Box 3328  
Suite, Apt. #, etc.  
27  
City & State  
28 TAMPA FL  
Zip  
29 33601-3328 Country  
30 USA

4. FEI Number 59-3224553  
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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent  
SIMMONS, JUDITH W  
304 MIDLOTHIAN AVE.  
TEMPLE TERRACE FL 33617

10. Name and Address of New Registered Agent  
81 Name Judith W Simmons  
82 Street Address (P.O. Box Number is Not Acceptable)  
100 N. TAMPA ST  
83 Suite 2500  
84 City TAMPA FL 85 Zip Code 33602

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 and am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Judith W Simmons* Signature not required because  
(NOTE: Registered Agent signature required when reinstalling) DATE

12. OFFICERS AND DIRECTORS  
TITLE ☐ DELETE  
NAME SIMMONS, JUDITH W  
STREET ADDRESS 304 MIDLOTHIAN AVE.  
CITY-ST-ZIP TEMPLE TERRACE FL 33617  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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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 only address of registered agent changed  
1.4 CITY-ST-ZIP  
2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
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 do 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, or on an attachment with an address.

SIGNATURE: *Judith W Simmons* 4-21-97 813 2280036  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)