

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA 32304
305-222-2000

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 AM 11:26

DOCUMENT # **P94000035905 (6)**

WILLIE MAE SIMMONS, INC

Principal Office Address: **1962 W. 21ST STREET JACKSONVILLE FL 32209**
Mailing Address: **1962 W. 21ST STREET JACKSONVILLE FL 32209**

3. Filing Date (month/day/year) 05/09/1994		3a. Filing Method Applied Fee Not Applicable	
2. Filing Fee (check one) 21 Initial Filing Fee 22 Renewal Filing Fee 23 Late Filing Fee 24 Other Filing Fee	2a. Mailing Address 25 Mailing Address 26 Mailing Address 27 Mailing Address 28 Mailing Address 29 Mailing Address 30 Mailing Address	4. Filing Number 59-324368Z	
5. Certificate of Status (Required) ☒		\$8.75 Additional Fee Required	
6. Director's Certificate (Required) ☒		\$5.00 May Be Added to Fees	
7. This corporation has authority for foreign filing under 15 C.F.R. 101.101 (Required) ☒			

9. Name and Address of Current Registered Agent SIMMONS, WILLIE M 1962 W. 21ST STREET JACKSONVILLE FL 32209		10. Name and Address of New Registered Agent 81. Name 82. Street Address (P.O. Box Number is Not Applicable) 83. 84. City FL 85. Zip Code	
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11. I, the undersigned, being a resident of the State of Florida, do hereby certify that the foregoing is a true and correct copy of the information required by the Florida Statutes, and that the same is true and correct as the same appears in the records of the Department of State.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICE PERSONNEL	
NAME	DP SIMMONS, WILLIE M 1962 W. 21ST STREET JACKSONVILLE FL 32209	NAME	
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	
NAME	DV BARNES, DELORES P.O. BOX 3913 N/A TALLAHASSEE FL 32315	NAME	
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	
NAME	DT JONES, LOUISE 2813 CALLE DE FELIZ GAUTIER MS 39553	NAME	
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	
NAME	DS STEVENS, RUBEN 1962 W. 21ST STREET JACKSONVILLE FL 32209	NAME	
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	
NAME	DS SIMMONS, MICHAEL L 303 FOXMOR PANAMA FL 32405	NAME	
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	

14. I, the undersigned, do hereby certify that the information requested with this filing is accurately furnished and does not qualify for the exemption stated in Section 100.01(1)(b), Florida Statutes. I further certify that the information is true and correct as the same appears in the records of the Department of State, and that the signature shall have the same legal effect as if made under oath. If the person filing is a director of the corporation, on the first or subsequent filing, the signature shall be made under oath. If the person filing is not a director, the signature shall be made under oath. If the person filing is not a director, the signature shall be made under oath. If the person filing is not a director, the signature shall be made under oath.

SIGNATURE: *Willie Mae Simmons* President 4-20-95 904358-3518