

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # P94000035905 (6)**

1. Corporation Name  
**WILLIE MAE SIMMONS, INC**



Principal Place of Business <b>1962 W. 21ST STREET JACKSONVILLE FL 32209</b>	Mailing Address <b>1962 W. 21ST STREET JACKSONVILLE FL 32209</b>
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3. Date Incorporated or Qualified <b>05/09/1994</b>	3a. Date of Last Report <b>05/01/1995</b>
4. FEI Number <b>59-3243682</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**SIMMONS, WILLIE M  
1962 W. 21ST STREET  
JACKSONVILLE FL 32209**

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83.	
84. City	

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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DP <input type="checkbox"/> DELETE	1. 1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SIMMONS, WILLIE M</b>	1.2 NAME
STREET ADDRESS	<b>1962 W. 21ST STREET</b>	1.3 STREET ADDRESS
CITY-ST-ZIP	<b>JACKSONVILLE FL 32209</b>	1.4 CITY-ST-ZIP
TITLE	DV <input type="checkbox"/> DELETE	2. 1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BARNES, DELORES</b>	2.2 NAME
STREET ADDRESS	<b>P.O. BOX 3913 N/A</b>	2.3 STREET ADDRESS
CITY-ST-ZIP	<b>TALLAHASSEE FL 32315</b>	2.4 CITY-ST-ZIP
TITLE	DT <input type="checkbox"/> DELETE	3. 1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JONES, LOUISE</b>	3.2 NAME
STREET ADDRESS	<b>2613 CALLE DE FELIZ</b>	3.3 STREET ADDRESS
CITY-ST-ZIP	<b>GAUTIER MS 39553</b>	3.4 CITY-ST-ZIP
TITLE	DS <input type="checkbox"/> DELETE	4. 1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STEVENS, RUBEN</b>	4.2 NAME
STREET ADDRESS	<b>1962 W. 21ST STREET</b>	4.3 STREET ADDRESS
CITY-ST-ZIP	<b>JACKSONVILLE FL 32209</b>	4.4 CITY-ST-ZIP
TITLE	DS <input type="checkbox"/> DELETE	5. 1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SIMMONS, MICHAEL L</b>	5.2 NAME
STREET ADDRESS	<b>303 FOXMOR</b>	5.3 STREET ADDRESS
CITY-ST-ZIP	<b>PANAMA FL 32405</b>	5.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	6. 1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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)(k), 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: Willie Mae Simmons **3-14-96**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)