


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

FILED  
May 19 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 # P94000035905 1. Corporation Name  WILLIE MAE SIMMONS, INC			
Principal Place of Business 5070 WEST 12TH STREET JACKSONVILLE, FL 32209		Mailing Address 1962 WEST 21ST STREET JACKSONVILLE, FL 32209	
2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 5/9/94	3a. Date of Last Report 5/1/96
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3243682	Applied For Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent WILLIE MAE SIMMONS 1962 WEST 21ST STREET JACKSONVILLE, FL 32209	10. Name and Address of New Registered Agent 81 Name BERTHA LEE HOWZE 82 Street Address (P.O. Box Number is Not Acceptable) 2151 LANE AVENUE S # 309 83 84 City JACKSONVILLE FL 85 Zip Code 32210		
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 <i>Bertha Lee Howze, accountant</i> DATE 5/13/97 (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	
1. TITLE PRESIDENT NAME WILLIE MAE SIMMONS STREET ADDRESS 1962 W 21ST ST CITY-STATE-ZIP JACKSONVILLE, FL 32209	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. TITLE VICE - PRESIDENT NAME RUBEN STEVENS STREET ADDRESS 1962 W 21ST ST CITY-STATE-ZIP JACKSONVILLE, FL 32209	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3. TITLE TREASURY NAME LOUISE JONES STREET ADDRESS 2613 CALLE DE FELIZ CITY-STATE-ZIP GAUTIER, MISS 39553	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. TITLE SECRETARY NAME MICHAEL L SIMMONS STREET ADDRESS 303 FOXMOR LANE CITY-STATE-ZIP PANAMA, FLORIDA 32405	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Willie Mae Simmons</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		5/13/97 904 781-7754 Date Daytime Phone #	

CR2E034 (9/96)

CS  
5/19/97