

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000085413 (0)

1. Corporation Name
SIMNI, INC.



Principal Place of Business
110 N. NEKOMA AVE.
LAKE ALFRED FL 33850-2022

Mailing Address
110 N. NEKOMA AVE.
LAKE ALFRED FL 33850-2022

3. Date Incorporated or Qualified 11/21/1994
3a. Date of Last Report 05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FET Number
59-3285130

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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27

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

23

28

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

24

Country

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Country

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Country

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SIMPSON, SAMUEL E
110 N. NEKOMA AVE.
LAKE ALFRED FL 33850-2022

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature typed or printed name of registered agent and the applicant

(NOTE: Registered Agent's signature required when transferring)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME SIMPSON, SAMUEL E
STREET ADDRESS 110 N. NEKOMA AVE.
CITY - ST - ZIP LAKE ALFRED FL 33850-2022

TITLE D ☐ DELETE
NAME NIGG, HERBERT N
STREET ADDRESS 700 ILAKEE AVENUE SOUTH
CITY - ST - ZIP LAKE ALFRED FL 33850

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Samuel E. Simpson

APR 14, 1996

Date

Daytime Phone #

(941) 956-4083

CR2E034 (12/95)