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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # P95000012342 (8)

N/C 3.3.98

1. Corporation Name
[redacted]
SIMMONS & CLYNE, P.A.

Principal Place of Business	Mailing Address
~~2600 DOUGLAS ROAD~~ 14 ~~PH2~~ ~~CORAL GABLES FL 33134~~ ~~US~~	~~2600 DOUGLAS ROAD~~ ~~PH2~~ ~~CORAL GABLES FL 33134~~ ~~US~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/14/1995

2. Principal Place of Business	2a. Mailing Address
21 145 NW Central Park Plaza	26 145 NW Central Park Plaza
Suite, Apt. #, etc. 22 Suite 200	Suite, Apt. #, etc. 27 Suite 200
City & State 23 Port St. Lucie, FL	City & State 28 Port St. Lucie, FL
Zip 24 34986 Country 25 US	Zip 29 34986 Country 30 US

4. FEI Number: 65-0555571 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☑ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CLYNE, REGINALD J 2600 DOUGLAS ROAD PENTHOUSE 2 CORAL GABLES FL 33134	81 Name: Evett L. Simmons 82 Street Address (P.O. Box Number is Not Acceptable) 83 145 NW Central Park Plaza 84 City: Port St. Lucie FL 85 Zip Code: 34986

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: Evett L Sr 4-24-98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	Director, Vice Pres./Secretary	☐ Change ☐ Addition
NAME	CLYNE, REGINALD J		1.2 NAME	Reginald Clyne	
STREET ADDRESS	2600 DOUGLAS ROAD		1.3 STREET ADDRESS	2600 Douglas Rd.	
CITY-ST-ZIP	CORAL GABLES FL 33134		1.4 CITY-ST-ZIP	Coral Gables, FL 33134	
TITLE	Director, President	☐ DELETE	2.1 TITLE	Director, President/Treasurer	☐ Change ☑ Addition
NAME	Evett L. Simmons		2.2 NAME	Evett L. Simmons	
STREET ADDRESS	145 NW Central Park Plaza		2.3 STREET ADDRESS	145 NW Central Park Plaza	
CITY-ST-ZIP	Port		2.4 CITY-ST-ZIP	Port St. Lucie, FL 34986	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME	000002543720 -06/02/98--01006--026 ***158.75	
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (10/97)

14. I 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.