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FILED
Apr 13 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P95000084813 (1)

1. Corporation Name

COOPER SIMMONS & ASSOCIATES, INC.

Principal Place of Business

4833 STAHL CT.
ORLANDO FL 32817

Mailing Address

4833 STAHL CT.
ORLANDO FL 32817

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/01/1995

4. FEI Number

59-3339001

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

2. Principal Place of Business

21 22 36 WINTER WOODS BLVD.

Suite, Apt. #, etc.

22

City & State

23 WINTER PARK, FL

Zip

24 32792

Country

2a. Mailing Address

25 22 36 WINTER WOODS BLVD.

Suite, Apt. #, etc.

27

City & State

28 WINTER PARK, FL

Zip

29 32792

Country

30

9. Name and Address of Current Registered Agent

SIMMONS, MILTON C
4833 STAHL CT.
ORLANDO FL 32817

10. Name and Address of New Registered Agent

81 Name

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

22 36 WINTER WOODS BLVD.

83

84 City

WINTER PARK

FL

85 Zip Code

32792

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

Milton C. Simmons

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4-8-98

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D
STREET ADDRESS SIMMONS, MILTON C
CITY-ST-ZIP 4833 STAHL CT.
ORLANDO FL 32817

TITLE ☐ DELETE

NAME D
STREET ADDRESS SIMMONS, JANICE
CITY-ST-ZIP 4833 STAHL CT.
ORLANDO FL 32817

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

22 36 WINTER WOODS BLVD.

1.4 CITY-ST-ZIP

WINTER PARK, FL 32792

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

22 36 WINTER WOODS BLVD.

2.4 CITY-ST-ZIP

WINTER PARK, FL 32792

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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.

SIGNATURE:

Milton C. Simmons

(417) 657-8775

CR2E034 (10/97)