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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## 1997 DIVISION OF POCUMENT # P9600036027 (6)

## FILED May 08 1997 8:00am Secretary of State

DANIEL SIMMONS CORPORATION  Principal Place of Business P.O. BOX 792 UMATILLA FL 32784		Mailing Address P.O. BOX 792	Mailing Address				
				3. Date Incorporated or Qualified	d 3a. Date of Last R	eport	
2. Principal P	lace of Business	2a. Mailing Address		<b>04/23/1996 4.</b> FEI Number		oplied For	
<u> </u>		26		59-3377074	h	ot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired		Additional	
2		27			Fee Re	_ <del>`</del>	
City & State	8	City & State		6. Efection Campaign Financing Trust Fund Contribution	\$5.00 Added t	May Be	
Zip	Country	<b>28</b>	Country	This corporation has liability for			
4]	25	29	30		Yes No	. 133,002,	
<u>-1</u>		Current Registered Agent		10. Name and Address of New F	Registered Agent		
18 H	AONS, DANIEL IIBISCUS STREET ATILLA FL 32784		81 Name 82 Street Add	dress (P.O. Box Number is Not Accept	lable)		
<b>V</b> 2.,,			83				
	^		84 City		85 Zip	Code	
	$\sim$	\			FL I		
TI. Pursuant	to the brovisions of bections o	IOM CISUZ AND ISUM TIONIDA SI			e nuroose di casadino ii	is registered	
	egistered agent, or Noth in the m familiar with, and licoopt th	e State of Florida. Such change v pobligations of, Section 607.050!	itatutes, the above-named co was authorized by the corpori 5, Florida Statutes.	rporation submits this statement for the ation's board of directors. I hereby acc	ept the appointment as $\times 4.29.9$	7	
SIGNATURE	Signature, typed or printed name of regis	stered agent and title if applicable	(NOTE: Registered Agent a gnature req	uired when reinstating)	X 4.29.9	/	
SIGNATURE	Signature, typod or printed name of regis OFFICE	ideed agent and title if applicable RS AND DIRECTORS	(NOTE: Registered Agent a gnature req	ation's board of directors. I horeby accuracy and the constaints of directors and the constaints of th	X 4-29- 9 FICERS AND DIRECTOR	RS IN 12	
SIGNATURE 12. Title	Signature, typod or printed name of regis  OFF ICE	stered agent and title if applicable	(NOTE: Registered Agent a gnature req 13.	uired when reinstating)	X 4.29.9	RS IN 12	
SIGNATURE  12.  TITLE  NAME	Signature, typed or printed name of regis OFFICE P SIMMONS, DANIEL	ideed agent and title if applicable RS AND DIRECTORS	(NOTE: Registered Agent a gnature req	uired when reinstating)	X 4-29- 9 FICERS AND DIRECTOR	RS IN 12	
SIGNATURE  12.  ITILE  VAME  STREET ADDRESS	Signature, typod or printed name of regis  OFF ICE	ideed agent and title if applicable RS AND DIRECTORS	(NOTE Registered Agent a gnature req  13. 1.1 TILE 12 NAME	uired when reinstating)	X 4-29- 9 FICERS AND DIRECTOR	RS IN 12	
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SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-SI-ZIP  TITLE  NAME	P SIMMONS, DANIEL P.O. BOX 792 N/A UMATILLA FL 32784 S SIMMONS, DANIEL	RS AND DIRECTORS	(NOTE Registered Agent a gnature req  13. 1.1 Title 1.2 NAME 1.8 STHEEL ADDRESS 1.4 CITY - S1 - 2IP 2.1 Title 2.2 NAME	uired when reinstating)	X 4-37. 9  DATE FICERS AND DIRECTOF Change	RS IN 12	
SIGNATURE  12.  TITLE  VAME  STREET ADDRESS  DITY-ST-ZIP  TITLE  VAME  STREET ADDRESS	Signature, typed or printed name of regis OFFICE P SIMMONS, DANIEL P.O. BOX 792 N/A UMATILLA FL 32764 S SIMMONS, DANIEL P.O. BOX 792 N/A	RS AND DIRECTORS	(NOTE Registered Agent a gnature req  13. 1.1 TITLE 12 NAME 18 STREET ADDRESS 1.4 CITY - ST - 2IP 2.1 TITLE 22 NAME 2.3 STREET ADDRESS	uired when reinstating)	X 4-37. 9  DATE FICERS AND DIRECTOF Change	RS IN 12	
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