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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000014631

1. Corporation Name

SONJA SIMMONS, CPA. P.A.

OCHOPI CHIMICITO, CIPI, I TI	•					
Principal Place of Business	Mailing Address					
10043 HOLLOWBROOK DRIVE PENSACOLA FL 32514	10043 HOLLOWBROOK DRIVE PENSACOLA FL 32514					
2. Principal Place of Business	2a. Mailing Address					
Suite, Apt. #, etc.	Suite, Apt. #, etc.					

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FILED Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90237 047 ***150.00



DO NOT WRITE IN THIS SPACE

Applied For

\$8.75 Additional

Fee Required

Not Applicable

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

02/12/1997 4. FEI Number

59-3431014

City & State			City & State				6. Election Campaign Financing \$5.00 May Be			
3			28				Trust Fund Contribution LJ Added to Fees			
Zip	Country		Zip		Country	•	8. This corporation owes the current year in	tangible	_	
4	25 29 30						Personal Property Tax.	Yes	□No	
	9. Name and Address of Current	Regis	stered Agent				10. Name and Address of New Registered	Agent		
					81	Name				
	SE, JAMES L				82	82 Street Address (P.O. Box Number is Not Acceptable)				
101 EAST GOVERNMENTAL STREET					02	Oli Bot Ad	dress (1.0. Box Harriser is Het Hoopinsto)	•	•	
PENSACOLA FL 32501				83	_					
								10-11 7:- (
					84	City	FI	85 Zip (Jode	
11. Pursuant	to the provisions of Sections 607.0502	and 6	07.1508, Flor	ida Statutes,	the above	e-named co	rporation submits this statement for the purpose of	f changing its	registered	
office or r	egistered agent, or both, in the State o m familiar with, and accept the obligati	f Flori	da. Such char	nge was auth	onzed by	the corpora	tion's board of directors. I hereby accept the appo	ointment as re	gisterea	
agent. 1 a	m lamillar with, and accept the congati	0115 01	, 3600001 007	.0000, 1 101106	a Oldiolos	•				
SIGNATURE	Signature, typed or printed name of registered agent	and title	if applicable.	(NOTE: Re	aistered Ager	it signature requ	ired when reinstating) DATE			
12.	OFFICERS AND				13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12	
TITLE	D			ELETE	1.1 TITLE			☐ Change	Addition	
NAME	SIMMONS, SONJA CPA				1.2 NAME	1				
	10043 HOLLOWBROOK DRIVE				1.3 STREET	ADORESS			•	
STREET ADDRESS	PENSACOLA FL 32514				1.4 CITY-S					
CITY-ST-ZIP	PENSACOLA LE 32314			ELETE	2.1 TITLE	1-21		Change	Addition	
TITLE				, , , , , , , , , , , , , , , , , , , ,	2.2 NAME			_ ,		
NAME										
STREET ADDRESS					2.3 STREET					
CITY-ST-ZIP			(3.0	DELETE	2.4 CITY-S	IT-ZIP		[7] Change	Addition	
TITLE			ا ت	CLETE	3.1 TITLE					
NAME					3.2 NAME					
STREET ADDRESS					3.3 STREE	ADDRESS				
CITY-ST-ZIP					3.4. CITY-5	T-ZIP				
TITLE				DELETE	4.1 TITLE			Change	☐ Addition	
NAME					4 2 NAME					
STREET ADDRESS					4.3 STREE	ADDRESS				
CITY-ST-ZIP					4.4 CITY-S	T-ZIP				
TITLE				DELETÉ	5.1 TITLE			Change	Addition	
NAME					5.2 NAME					
STREET ADDRESS					5.3 STREE	T ADDRESS	•			
CITY-ST-ZIP					5.4 CITY-S	T-ZIP				
TITLE				DELETE	6.1 TITLE			☐ Change	☐ Addition	
NAME					6.2 NAME					
STREET ADDRESS					6.3 STREE	T ADDRESS				
CITY-ST-ZIP					6.4 CITY-S	T-ZIP				
						4	Section 119.07(3)(i), Florida Statutes. I further ce			

SIGNATURE: