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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000025958 1. Corporation Name

SIMMERS & ASSOCIATES, INC.

Princ	ipal P	ace	of B	usir	nes
1115	WATER	ìFAL	L LA	NE	12.
	AND I				

Mailing Address

1115 WATERFALL LANE LAKELAND FL 33803

FILED Jan 28, 1999 8:00am **Secretary of State**

01-28-1999 90050 023 ***150.00



	*						DO NOT WRITE II	N THIS SPACE	:
		•				3. Date Incorporate	ed or Qualifed		
-	•					03/17/1997			
		1.2							1
2. Principal Place of Business		2a. Mailing Address			4. FEI Number			Applied For	
21		26			59-3444783			Not Applicable	
Suite, Apt.	# etc	Suite, Apt. #, etc.						\$8	75 Additional
		H				5. Certifcate of Sta	itus Desired 🔲		e Required
22		27				<u>-</u> ·			
City & Sta	ite j	City & State				6. Election Campa	ign Financing	\$5	. 00 May Be
23	•	28				Trust Fund Con	tribution	Ad	ded to Fees
Zip	Country	Zip	Col	untry		8 This compration	owes the current y	ear Intangible	
	- '		30	•		Personal Proper	,	Yes	No
24	25	[29]	30	, - -		· · · · · · · · · · · · · · · · · · ·			
	9. Name and Address of Current	Registered Agent				10. Name and Add	iress of New Regis	sterea Agent	
; N = 0114		at Tanto of Life		81	Name			• 5	4.
	MERS, TERRY W			-					
31 (* 111)	5 WATERFALL LANE			82	Street Addre	ess (P.O. Box Number	• •	_	•
	ELAND FL 33803						SHOUND FRANCISCO COLLEGE	en yar her som er gener Grader op stood fan	1 (4 (A) \$ (5) (A) (5) (6) (6) (6) (6) (6) (6) (6) (6) (6) (6
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		*		84	City		節學的問題	E 85	Zip Code
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11. Pursuant	to the provisions of Sections 607.0502 registered agent, or both, in the State of	and 607.1508, Florida Stat	utes, the a	above	e-named corpo	pration submits this sta	tement for the purp	ose of changir	ng its registered
agent La	registered agent, or both, in the State of am familiar with, and accept the obligation	ons of Section 607.0505. F	lorida Stat	tutes.	ine corporation	ins poard or directors.	Thereby accept the	арронинени	as registered
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SIGNATURE		100 2 5 11 200	TC D	4 4				ATE	· }
40	Signature, typed or printed name of registered agent				t signature required	when reinstating)			CTODE IN 12
12.	OFFICERS AND	···	13.			ADDITIONS/CHA	NGES TO OFFICE		
TITLE	P	☐ DELETE	1.1 T	ITLE		- 273:		☐ Cha	inge 🔲 Addition
NAME	SIMMERS, TERRY W		1.2 N	IAME		• •	: •		:
STREET ADDRESS	AAAR MATERIALL LAND	•		тосст	ADDRESS				
						•		,	
CITY-ST-ZIP	LAKELAND FL 33803			TY-ST	r-zip *				
TITLE		, DELETE	2.1 T	πLE		:		Cha	inge 🗌 Addition
NAME .			2.2 N	IAME					
	4.7	•			ADDRESS	•	,		
STREET ADDRESS	1	•	2.38	IKEEI	ADDRESS				· }
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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 or an attachment with an address, with all other like empowered.