FILED May 10, 1999 8:00 am Secretary of State FLORIDA DEPARTMENT OF STATE

05-10-1999 90050 029 ***150.00

PROFIT **CORPORATION** ANNUAL REPORT



Katherine Harris Secretary of State

	1999		DIVISION OF	JURPUI	KATIO	110	_]				
DOCU	MENT # P98000	0310	029								
1. Corporation Name D.J. SIMMONS, INC.							594365 - 9	0024 - 21	5 *		
D-9- 21M	WIUNS, INC.			•							
Principal Plac	a of Divisione	Mailic	ng Address				-{	 		1910 1011 1901	
10532-2ND WAT			2ND WAY N.				1				
ST. PETERSBUI			TERSBURG FL 3371	ŝ							
							DO NOT WRITE IN	THIS SPACE	<u>Æ</u>		ı
							3. Date Incorporated or Qualifed				İ
			- W				04/03/1998 4. FEI Number		T Ani	alled For	
 -	Place of Business	2a. M	ailing Address				59-3502220	,		Applicable	
21 Suite, Apt.	# etc		uite, Apt. #, etc.					\$8	3.75 A	dditional	ĺ
22	,	27	-				-5. Certificate of Status Desired		Fee Re	quired	ĺ
City & Stat	19		ity & State		-	-	6. Election Campaign Financing		5.00		
23		28					Trust Fund Contribution		Added to) Fees	ĺ
Zip	Country	zi	P	_	untry		8. This corporation owes the current y	ear Intangibl Y⊟		M No	
24	25	29		30	_		Personal Property Tax. 10. Name and Address of New Regis			20110	
	9. Name and Address of Curren	it Kegister	ес Аделт		81	Name	10. Halle and Address of their regu	tor or region			l
SIM	MONS, DONALD				$ \cdot _{-}$						ĺ
	22-2ND WAY N.				82	Street Addre	ess (P.O. Box Number is Not Acceptable)				
ST.	PETERSBURG FL 33716				83						1
					B4	<u> </u>		85	Zip C	ode	İ
					1 1	City		FLI			
11. Pursuant	to the provisions of Sections 607.050	2 and 607.	1508, Florida Statut	es, the a	bove-r	named corpo	oration submits this statement for the purp n's board of directors. I hereby accept the	ose of chang	ging its r	egistered istered	
office or r agent. I a	registered agent, or both, in the State im familier with, and accept the obliga	or Florida. Monsof, Se	such change was a ection 607.0505, Flo	utrionizio rida Stal	utas.	e corporation	in a poesto oi directora. I norony accopt an	. другон напос			
SIGNATURE								ATE			_
	Signeture, typed or printed name of registered ager OFFICERS AN			Registerer	d Agent III	igneture required	ADDITIONS/CHANGES TO OFFICE		RECTO	RS IN 12	ğ
12,	DPS	ID DINCO!	DELETE	1.1 T	TLE -				change	Addition	CR2E034 (11/98)
NAME	SIMMONS, DONALD		-	1.2 N		ŀ					3
STREET ADDRESS	AARAA SHID WAY M			135	TREET AL	DORESS					
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NAME				22 N	AME)	
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14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Floride Statutes. I further conditions 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 conflicter or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that an expectation of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that an expectation of the corporation of the receiver or trustee empowered.

SIGNATURE: