2004 FOR PROFIT CORPORATION

FILED Apr 19, 2004 8:00 am Secretary of State ANNUAL REPORT (AR) **DOCUMENT # P98000053094** 1. Entity Name 4-19-2004 90280 001 ***150.00 SIMMONS ESTATE PROPERTIES, INC. Principal Place of Business Mailing Address C/O SIMMONS BUILDING CORPORATION 4152 WEST BLUE HERON BLVD. #106 C/O SIMMONS BUILDING CORPORATION 4152 WEST BLUE HERON BLVD. #106 RIVIERA-BEACH FL 33404 RIVIERA BEACH FL 33404 2. Principal Place of Business 3. Mailing Address 1090 JupiTen Park DR CR2E034 (11/03) 101 City & State City & State 4. FEI Number Applied For 65-0844000 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **PSD** ☐ Delete TITLE Change Addition TITLE SIMMONS, ROBERT W JR. NAME NAME 1090 Jupiten Park DR Jupiten, Fl 334**6**8 STREET ADDRESS C/O 4152 WEST-BLUE HERON BLVD: #106 STREET ADDRESS RIVIERA BEACH FL 33404 CITY-ST-ZIP CITY-ST-ZIP ۷D TITLE Delete TITLE 1090 Jupiten Park DR Jupiten Fl. 33458 SIMMONS, ROBERT W NAME NAME STREET ADDRESS STREET ADDRESS C/O-4152 WEST BLUE HERON BLVD. #106 RIVIERA BEACH FL 33404 CITY-ST-7IP CITY-ST-ZIP TITLE Change TITLE ☐ Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CfTY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition

12. 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 report or supplemental 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 this tee enpowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS

NAME

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP