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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P98000107178

SIMONSON AND SIMONSON, INC.

Principal Place of Busines
5368 ANGUS RD.
MIDDLEBURG FL 32068

Mailing Address

5388 ANGUS RD. MIDDLEBURG FL 32068

FILED Mar 17, 1999 8:00 am Secretary of State

03-17-1999 90049 044 ***150.00



					DO NOT WRIT	E IN THIS S	PACE		
					3. Date incorporated or Qualifed			\	
					12/23/1998			}	
2. Principal I	Place of Business '	2a. Mailing Address			4. FEI Number		App	lied For	
 , ·					59-35561	84	Not	Applicable	
							\$8.75 A		
					Certifcate of Status Desired		Fee Rec		
22 27 27 City & State City & State					4 51 11 0 maring 5'm rains		\$5.00		
City & Sta	——————————————————————————————————————				Election Campaign Financing Trust Fund Contribution		Added to	, ,	
23		28	Count					7 - 668	
Zip	Country	Zip	_	у	8. This corporation owes the curre			X No	
24	25		10		Personal Property Tax.			Patino	
	9. Name and Address of Curr	ent Registered Agent	—	4T N	10. Name and Address of New R	edistan v	Anur		
5014			l°	81 Name					
	LER, PAT M P.A.		8	2 Street Add	ress (P.O. Box Number is Not Accepta	ible)			
	5 BLANDING BLVD.								
ORN	AGE PARK FL 32073		8	83				Ì	
			L	4			85 Zip C	'oda	
			8	4 City		FL	85 Zip C	.ode	
44 Durayan	to the provisions of Sections 607.0	502 and 607 1509 Florida Statutes	the abo	ve-named con	poration submits this statement for the	purpose of c	hanging its i	registered	
-Hinn ar	engintered agent of both in the State	to of Florida. Such channe was alli	nanzea a	v the comoral	ion's board of directors. I hereby accep	t the appoin	tment as reg	jistered	
agent. I :	am familiar with, and accept the obli	gations of, Section 607.0505, Florid	da Statute	s.	: 7				
SIGNATURE						DATE	<u> </u>		
	Signature, typed or printed name of registered a	•		ent signature require	ADDITIONS/CHANGES TO OF		DIRECTO	PSIN 12	
12: OFFICERS AND DIRECTORS			13. 1.1 ∏∏LE		ADDITIONS/CHANGES TO OF	FICERS AND	☐ Change	Addition	
TITLE PST DELETE							☐ Citalige		
NAME SIMONSON, ROBERT G. STREET ADDRESS 5368 ANGUS RD.			1.2 NAME						
			1.3 STRE	ET ADORESS					
CITY-ST-ZIP	MIDDLEBURG FL 32068		1.4 CITY	ST-ZIP					
TITLE		☐ DELETE	2.1 TITLE				Change	☐ Addition	
NAME			2.2 NAMI						
STREET ADDRESS			2.3 STRE	ET ADDRESS					
	3		2. 4 CITY						
CITY-ST-ZIP		☐ DELETE	3.1 TITLE				Change	Addition	
TITLE		C. Decerte						_	
NAME			3.2 NAM	1					
STREET ADDRESS	S			ET ADDRESS					
CITY-ST-ZIP			3.4. CITY				[] Channa	□ Additio=	
TITLE		☐ DELETE	4.1 TTLE				Change	Addition	
NAME			4. 2 NAM	E					
STREET ADDRESS			4.3 STRE	ET ADDRESS					
CITY-ST-ZIP			4.4 CITY	ST-ZIP					
TITLE		☐ DELETE	5.1 TITLE				Change	Addition	
NAME			5.2 NAM	:					
STREET ADDRESS			5.3 STRE	ET ADDRESS					
	3		5.4 CITY	ľ					
CITY-ST-ZIP	 	☐ DELETE	6.1 TITLE				Change	Addition	
TITLE		☐ DELETE	6.2 NAM						
NAME		•		4					
STREET ADDRESS	s			ET ADDRESS					
CITY OT 71D			6.4 CITY	ST-ZIP					

14. 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 on an attachment with an address, with all other like empowered.