

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

ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 08 1997 8:00am
Secretary of State

DOCUMENT # **51879**
S.L. Simms Enterprises, Inc.

(1)



Principal Place of Business		Mailing Address	
3401 Henderson Blvd. STE # G Tampa, FL 33609		P.O. Box 10555 Tampa, FL 33679	
2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21	26	12-90	4-30-96
Suite, Apt. #, etc.		4. FEI Number	Applied To
		59-3040605	Not Applicable
22	27	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		☐	
23	28	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip		☐	
24	29	8. This corporation has liability for intangible tax under s. 199.03 Florida Statutes	
25	30	☐ Yes ☐ No	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
Simms, Scott L. 4915 San Rafael Tampa, FL 33629		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	
		FL 85 Zip Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.			
SIGNATURE			
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)			
DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (11-12)	
TITLE	NAME	1.1 TITLE	1.2 NAME
NAME	STREET ADDRESS	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
CITY-ST-ZIP		2.1 TITLE	2.2 NAME
		2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
		3.1 TITLE	3.2 NAME
		3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
		4.1 TITLE	4.2 NAME
		4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
		5.1 TITLE	5.2 NAME
		5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
		6.1 TITLE	6.2 NAME
		6.3 STREET ADDRESS	6.4 CITY-ST-ZIP
14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(a), 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. 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.		500002184335 -05/20/97--01003--042 ***165.00	

SIGNATURE:

[Signature]

Scott L. Simms (813) 874-0928

4/30/97