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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # \$70975

1. Corporation Name SIMMONS SIGNS, INC.) (08))	in 187 18811 88118 181	(† 1 009) 0 (1) 0 (1811 B/B/S B/811 B/I))] 8 7 0 () 8 10() 2 80)
Principal Place of Business Mailing Address							I		I OTE AFORE ALBEI ALS	iri gibil didir idbi
213 FALKENBURG RD. TAMPA FL 33 33619 TAMPA FL 33619 TAMPA FL 33619							DO NOT W	VRITE IN T	HIS SPACE	
US	US					3 Date Incor	orated or Quali		THO OF HOL	
· <u>· </u>						08/01/19	91			
2. Principal Place of Business	2a. Mailing Add	ress				4. FEI Numbe			⊢ +-	Applied For
21	26					59-3085	627			Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #	e, etc.				5. Certifcate	of Status Desired	d 🗆		5 Additional Required
City & State	City & State					6. Election Ca	ampaign Financi	ng □		0 May Be
23	28					Trust Fund	Contribution		Adde	d to Fees
Zip Country	Zip	P	Country	′			ation owes the	current yea		اب
24 25	29	30	0				roperty Tax.	D!a4a	☐ Yes	₩ No
9. Name and Address of Curre	nt Registered Agent		81	Name		10. Name and	Address of Ne	w Register	rea Agent	
SIMMONS, MICHAEL L.			"	INGINE						
1010 KNOWLES ROAD			82	Stree	t Addres	ss (P.O. Box Nu	mber is Not Acc	eptable)	!	
BRANDON 33511			83							
			84	City	····		~ ~~		FL 85 Z	ip Code
11. Pursuant to the provisions of Sections 607.05	02 and 607.1508, Flor	ida Statutes,	, the above	e-name	a corpor	ration submits th	is statement for	ine purpos	e oi changing	registered
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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, own an attachment with an address, with all other like empowered.

SIGNATURE: X

CITY-ST-ZIP

NEWUINED