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PROFIT
CORPORATION
ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V53694

1. Corporation Name

SIMMONS CONSTRUCTION AND PAINT, INC.

Principal Place of Business

Mailing Address

FILED May 04, 1999 8:00 am Secretary of State

05-04-1999 90051 012 ***158.75



18495 S DIXIE MIAMI FL 3315 US		18495 S DIXIE HWY #170 MIAMI FL 33157 US		DO NOT WRITE IN	THIS SPACE	
03		03		3. Date Incorporated or Qualifed 07/24/1992		
2. Principal P	lace of Business	2a. Mailing Address	1800	4. FEI Number	Applied For	╛
21 104	74 SW 89 Ct.	26 8414 >	W 89 G	T 65-0348260	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	imi- Fl	City & State	F/	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
zip 3 3	Country [25]	zip 33157 30	Country	This corporation owes the current yes Personal Property Tax.	Yes No	
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Regist	ered Agent	4
005	NOTO LONGRADES		81 Name	AMU SIMMUS		
1	NCER J SIMMONS		82 Street A	ddress (P.O. Box Number is Not Acceptable)	- 1	
	13 SW 133 COURT			<u>18974 SW 84 C</u>	<u>ナ・</u>	_
MIAN	WI FL 33157		83	niami		
1	•		84 City	TCF(TI)	85 Zp Gode	-
				MUAMI	FL <u> 3313'/</u>	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the above-named or	orporation submits this statement for the purporation's board of directors. I hereby accept the	se of changing its registered appointment as registered	
agent. I a	m familiar with, and accept the obligation	ons of, Section 607.0505, Florid	a Statutes		120/00	ł
SIGNATURE	AMU SIMI	nons.	Un	4 DEMMAD 7	100/99	
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	egistered Agent signature re		TE	
				1		− 60
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICE		1/98)
12.	VT	DIRECTORS	1.1 TITLE	ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTORS IN 12 Change Addition	(11/98)
	VT SIMMONS, SPENCER J		1.1 TITLE 1.2 NAME	ADDITIONS/CHANGES TO OFFICE		034 (11/98)
TITLE	VT SIMMONS, SPENCER J 18495 S DIXIE HWY #170		1.1 TITLE	ADDITIONS/CHANGES TO OFFICE		ZE034 (11/98)
TITLE NAME	VT SIMMONS, SPENCER J 18495 S DIXIE HWY #170 MIAMI FL 33157	DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICE	☐ Change ☐ Addition	CR2E034 (11/98)
TITLE NAME STREET ADDRESS	VT SIMMONS, SPENCER J 18495 S DIXIE HWY #170 MIAMI FL 33157 PDS		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	Plytik	☐ Change ☐ Addition	CR2E034 (11/98)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT SIMMONS, SPENCER J 18495 S DIXIE HWY #170 MIAMI FL 33157 PDS SIMMONS, AMY S	DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	Plytik	☐ Change ☐ Addition	CR2E034 (11/98)
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	VT SIMMONS, SPENCER J 18495 S DIXIE HWY #170 MIAMI FL 33157 PDS SIMMONS, AMY S 18495 S DIXIE HWY #170	DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	PIVITS A SIMMONS, AMY S 18474 SW 89 CH	☐ Change ☐ Addition	CR2E034 (11/98)
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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, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/99 305.

Daytime Phone #