

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 332899

Entity Name: R.R. SIMMONS CONSTRUCTION CORPORATION**Current Principal Place of Business:**400 NORTH ASHLEY DRIVE, SUITE 1650
TAMPA, FL 33602**Current Mailing Address:**400 NORTH ASHLEY DRIVE, SUITE 1650
TAMPA, FL 33602 US**FEI Number:** 59-1221161**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**SIMMONS, R RANDOLPH III
400 NORTH ASHLEY DRIVE, SUITE 1650
TAMPA, FL 33602 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	CD
Name	SIMMONS, R RANDOLPH III
Address	400 NORTH ASHLEY DRIVE, SUITE 1650
City-State-Zip:	TAMPA FL 33602

Title	SRVP
Name	ZEVALLOS, CESAR A
Address	400 NORTH ASHLEY DRIVE, SUITE 1650
City-State-Zip:	TAMPA FL 33602

Title	DPST
Name	SIMMONS, LINDA O.
Address	400 NORTH ASHLEY DRIVE, SUITE 1650
City-State-Zip:	TAMPA FL 33602

Title	VP
Name	KITCHINER, BRENT E
Address	400 NORTH ASHLEY DRIVE, SUITE 1650
City-State-Zip:	TAMPA FL 33602

Title	VP
Name	GONZALEZ, KATHRYN S
Address	400 NORTH ASHLEY DRIVE, SUITE 1650
City-State-Zip:	TAMPA FL 33602

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LINDA O. SIMMONS**PRESIDENT****01/25/2024**_____
Electronic Signature of Signing Officer/Director Detail_____
Date