

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000095512

**Entity Name:** L. S. SIMS & ASSOCIATES, INC.

**FILED**  
**Jul 19, 2019**  
**Secretary of State**  
**0599651901CC**

**Current Principal Place of Business:**

1530 U.S. HIGHWAY 1  
ROCKLEDGE, FL 32955

**Current Mailing Address:**

1530 U.S. HIGHWAY 1  
ROCKLEDGE, FL 32955 US

**FEI Number: 59-3477916**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

SIMS, LAWRENCE S  
1297 ROCKLEDGE DR  
ROCKLEDGE, FL 32955 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 P  
Name SIMS, LINDA K  
Address 1297 ROCKLEDGE DRIVE  
City-State-Zip: ROCKLEDGE FL 32955

Title D  
Name SIMS, LINDA K  
Address 1297 ROCKLEDGE DRIVE  
City-State-Zip: ROCKLEDGE FL 32955

Title V  
Name SIMS, LAWRENCE S  
Address 1297 ROCKLEDGE DRIVE  
City-State-Zip: ROCKLEDGE FL 32955

Title T  
Name SIMS, LINDA K  
Address 1297 ROCKLEDGE DRIVE  
City-State-Zip: ROCKLEDGE FL 32955

Title D  
Name SIMS, LAWRENCE S  
Address 1297 ROCKLEDGE DRIVE  
City-State-Zip: ROCKLEDGE FL 32955

Title SECRETARY  
Name ANDERSON, VELMA S  
Address 1530 U.S. HIGHWAY 1  
City-State-Zip: ROCKLEDGE FL 32955

Title VICE PRESIDENT OF ENGINEERING  
Name MAKSYMOW, CYDNEY C  
Address 1530 U.S. HIGHWAY 1  
City-State-Zip: ROCKLEDGE FL 32955

*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: VELMA ANDERSON**

**SECRETARY**

**07/19/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date