2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2008 08:00 AM
Secretary of State

DOCUMENT # P03000060561

1. Entity Name
SOUTH SUMTER INVESTMENTS, INC.

Principal Place of Business	Mailing Address
1611 W COUNTY RD 48 BUSHNELL, FL 33513	1611 W COUNTY RD 48 BUSHNELL, FL 33513

DO NOT WRITE IN THIS SPACE

01102008 No Chg-P CR2E034 (11/05)

4. FEI Number
04-3730429
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FELDMAN, H. JOHN
215 NORTH JOANNA AVENUE
TAVARES, FL 32778-3200

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000000789140
01/22/08-80013-017 150.00

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	HAMILTON, RONNIE K
STREET ADDRESS	123 E. HAMILTON
CITY-ST-ZIP	BUSHNELL, FL 33513
TITLE	DVP
NAME	SHOVER, JOHN L M.D.
STREET ADDRESS	8615 MAIDSTONE COURT
CITY-ST-ZIP	LARGO, FL 346471314
TITLE	DT
NAME	LEVERITT, KAREN
STREET ADDRESS	116 N. MAIN STREET
CITY-ST-ZIP	BUSHNELL, FL 33513
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Karen Leverett 727-323-8444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #