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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 JAN 27 PM 3:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **143103** **(0)**

1. Corporation Name
CUMMINGS GROVES CORPORATION

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
526 PARK ST. PO BOX 1299 SEBRING FL 33871-6299	526 PARK ST. PO BOX 1299 SEBRING FL 33871-6299

3. Date Incorporated or Qualified: **07/10/1944**
3a. Date of Last Report: **01/21/1994**

2. Principal Place of Business (21):
2a. Mailing Address (26):
Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):
City & State (23):
City & State (28):
Zip (24): 33871-1299 Country (25):
Zip (29): 33871-1299 Country (30):

4. FEI Number: **59-0535645** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

HARSHMAN, W.E.
526 PARK STREET
SEBRING FL 33870

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Walter E Harshman, Sec. DATE: 1/18/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	SCHUMACHER,C R	1.2 NAME	
STREET ADDRESS	1901 DE SOTO PLACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	SEBRING FL	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	VD ☒ Change ☐ Addition
NAME	VICKERS, BARBARA S.	2.2 NAME	Vickers, Barbara
STREET ADDRESS	1228 STENEWAHEE AVE.	2.3 STREET ADDRESS	1228 Stenewahee Ave
CITY-ST-ZIP	SEBRING FL	2.4 CITY-ST-ZIP	Sebring Fl
TITLE	SD	3.1 TITLE	STD ☒ Change ☐ Addition
NAME	HARSHMAN, W. E.	3.2 NAME	Harshman, W. E.
STREET ADDRESS	1416 NW LAKEWIEW DR.	3.3 STREET ADDRESS	1416 NW Lakeview Dr
CITY-ST-ZIP	SEBRING FL	3.4 CITY-ST-ZIP	Sebring, Fl
TITLE	TD	4.1 TITLE	ASD ☒ Change ☐ Addition
NAME	KOCH, LOUISE S.	4.2 NAME	Koch, Louise
STREET ADDRESS	1908 DELEON PLACE	4.3 STREET ADDRESS	1908 Deleon Pl
CITY-ST-ZIP	SEBRING FL	4.4 CITY-ST-ZIP	Sebring Fl
TITLE	AS	5.1 TITLE	D ☒ Change ☒ Addition
NAME	CROWE, MIKE	5.2 NAME	Hirschmann, Viktor
STREET ADDRESS	4218 DUFFER LOOP	5.3 STREET ADDRESS	P O Box 1378 NA
CITY-ST-ZIP	SEBRING FL	5.4 CITY-ST-ZIP	Palm City, Fl 33490-1378
TITLE	AS	6.1 TITLE	ATD ☒ Change ☐ Addition
NAME	ANDREWS, EMMETT	6.2 NAME	Andrews, Emmett
STREET ADDRESS	2237 NE LAKEVIEW DR	6.3 STREET ADDRESS	2237 N E Lakeview Dr.
CITY-ST-ZIP	SEBRING FL	6.4 CITY-ST-ZIP	Sebring Fl

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: C R Schumacher Pres. 1/18/95 813-385-5149
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR — Date — Daytime Phone #

0448060 FP