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FILED

Feb 03 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 143103 (0)

1. Corporation Name
CUMMINGS GROVES CORPORATION

Principal Place of Business

526 PARK ST.
PO BOX 1299
SEBRING FL 33871-1299
US

Mailing Address

526 PARK ST.
PO BOX 1299
SEBRING FL 33871-1299
US



3. Date Incorporated or Qualified
07/10/1944

3a. Date of Last Report
02/07/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

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

Signature, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SCHUMACHER, C R	
STREET ADDRESS	1901 DE SOTO PLACE	
CITY - ST - ZIP	SEBRING FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	VICKERS, BARBARA	
STREET ADDRESS	1228 STENEWAHEE AVE.	
CITY - ST - ZIP	SEBRING FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	HARSHMAN, W. E.	
STREET ADDRESS	1416 NW LAKEVIEW DR.	
CITY - ST - ZIP	SEBRING FL	
TITLE	ASD	<input type="checkbox"/> DELETE
NAME	KOCH, LOUISE S.	
STREET ADDRESS	1908 DELEON PLACE	
CITY - ST - ZIP	SEBRING FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HIRSHMANN, VIKTOR	
STREET ADDRESS	PO BOX 1378	
CITY - ST - ZIP	PALM CITY FL	
TITLE	ATD	<input type="checkbox"/> DELETE
NAME	ANDREWS, EMMETT	
STREET ADDRESS	2237 NE LAKEVIEW DR	
CITY - ST - ZIP	SEBRING FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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 or on an attachment with an address.

SIGNATURE:

[Signature]

REQUIRED

R. Schumacher

1/28/97

941-385-5149

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0394841

CR2E034 (9/96)