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PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

<b>DOCUMENT</b>	#
DOCOMENT	• • •
1 Cornoration Name	

164337

(8)

SUMM	ERS FINANCE CO INC							
Principal Place o	f Business	Mailing Address				<b>                                 </b>	IGII OSDII UIUI	
500 S. 1ST	ST	500 S. 1ST ST						
BOX 2107	CI 220CC	BOX 2107 LAKE CITY FL 32050						
LAKE CITY	rL 32000	CARE OILL LE SECON	•		3. Date Incorporated or Qualified	ll li	of Last Rep 03/07/19	
					02/27/1951 4. FEI Number			pplied For
2. Principal Plac	e of Business	2a. Mailing Address 26			59-0640003		-	ot Applicable
Suite, Apt. #,	elc	Suite, Apt. #, etc			Certificate of Status Desired		\$8.75	Additional
2		27			5. Certificate of Status besired		Fee R	equired
City & State		City & State			6. Election Campaign Financing			May Be
23		28			Trust Fund Contribution  8. This corporation has liability for			to Fees
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24	25 9. Name and Address of Curren		[30]		10. Name and Address of New		Agent	
	o, izalio alla ridaleda el adilloli		8	1 Name				
SHMM	ERS,G P		8	2 Street Add	dress (P.O. Box Number is Not Accept	able)		
	1ST ST		L					
P.O.BO			8	13				
	CITY FL 32055		E	I4 City			85 Zip	Code
				1	oration submits this statement for the part of directors. Thereby accept the a	FL	noiso ito so	naiotorad office
or registers	the provisions of Sections 607.0502 d agent, or both, in the State of Flori , and accept the obligations of, Sect	na. Such chance was authora	rea by the co	irporation's bo	ard of directors. I hereby accept the ap	рожител аз	rogistorou	
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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)(k). Florida Statutes: Thurner certify that the information indicated on this annual report is supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 chapged, or on argentachment with an address.

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-3-96 9047526933