FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 Apr 14 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # (8)SUMMERS FINANCE CO INC **Principal Place of Business** Mailing Address 500 S. 1ST ST **BOX 2107** LAKE CITY FL 32056 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/27/1951 26. Mailing Address 26. P.O. Bax 1565 2. Principal Place of Business 4. FEI Number Applied For 500 59-0640003 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 8, This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes Sono 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent NELSON, GENEVIEVE S Name 9 DOUGLAS CIR 82 Street Addr LAKE CITY FL 32055 83 4KC 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 obtains of, Section 607.0505, Florida Statutes. mulua SIGNATURE Registered Agent signature required when reinstating ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE TITLE 1.1 TITLE NELSON, GENEVIEVE S. GORDON NAME 1.2 NAME 101 LAKE VISTA LANG 9 DOUGLAS CIRCLE STREET ADDRESS 1.3 STREET ADDRESS LAKE CITY FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST-ZIP DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 3.4. CiTY-ST-ZIP DELETE Change TITLE 4.1 TITLE Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY-ST-ZIP DELETE 6.1 TITLE Change Addition 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS**

14. Thereby 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 frue 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 allochment with an appears.

SIGNATURE: