### FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

#### **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 328300 1. Corporation Name

#### **SUMNER & JONES INVESTMENT CORPORATION**

Mailing Address

# **FILED** Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90040 021 \*\*\*150.00



| 32631 LOUIS AVE S R52 P.O. BOX 16 SAN ANTONIO FL 33576  32631 LOUIS AVE S R52 P.O. BOX 16 SAN ANTONIO FL 33576  |  |               |            |                     | DO NOT WRITE IN THIS  3. Date incorporated or Qualifed                      | SPACE    |   |  |
|---|--|---------------|------------|---------------------|---|----------|---|--|
|   |  |               |            |                     | 04/02/1968  |          | -                                       |  |
| Principal Place of Business     2a. Mailing Address   |  |               |            |                     | 4. FEI Number   |          | Applied For                             |  |
| 21 33009 MCLABE RD 26   |  |               |            |                     | <u>59-1207143</u>   |          | Not Applicable                          |  |
| Suite, Apt. #, etc. Suite, Apt. #, etc. 27  |  |               |            |                     | 5. Certifcate of Status Desired   |          | 5 Additional<br>Required                |  |
| City & State City & State   |  |               |            |                     | 6. Election Campaign Financing  Trust Fund Contribution                     |          | 00 May Be<br>ed to Fees                 |  |
| Zip County Zip Court<br>24 33 576 25 1 ASC 0 29 30  |  |               |            |                     | 8. This corporation owes the current year Intangible Personal Property Tax. |          |   |  |
|   | 9. Name and Address of Current F                                       |               |            |                     | 10. Name and Address of New Registered                                      | Agent    |   |  |
| _   |  |               | 81         | Name                |   |          | · ·                                     |  |
| SUMNER,ROBERT D<br>106 S SIXTH ST   |  |               |            | Street Add          | Address (P.O. Box Number is Not Acceptable)                                 |          |   |  |
| DADE  | CITY FL 32525  |               | 83         |                     |   |          |   |  |
| <br>  |  |               | 84         | City                | FI  | 85 2     | 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, boned or provided name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE   |  |               |            |                     |   |          |   |  |
| 12.   | Signature, typed or printed name of registered agent a<br>OFFICERS AND |               | 13.        | t signature require | ADDITIONS/CHANGES TO OFFICERS A   | ND DIREC | CTORS IN 12                             |  |
| TITLE   | P  |               | .1 TITLE   |                     |   | ☐ Char   |   |  |
| NAME  | JONES, J. RALPH  | 1.            | 2 NAME     | ļ                   |   |          | Į                                       |  |
| STREET ADDRESS  | BOY 44 00000 MOCARE BOAR   |               | .3 STREET  | ADDRESS             |   |          | ļ                                       |  |
| CITY-ST-ZIP   | SAN ANTONIO FL   | 1.            | .4 CITY-ST | r-ZIP               |   |          |   |  |
| TITLE   |  |               | .1 TITLE   |                     |   | Char     | nge 🔲 Addition                          |  |
| NAME  | SUMNER, DENNIS E.  | , 2.          | 2 NAME     |                     |   | -        |   |  |
| STREET ADDRESS  | BOX 218, SCHARFER RD   | 2.            | .3 STREET  | ADDRESS             |   |          | ł                                       |  |
| CITY-ST-ZIP   | SAN ANTONIO FL   |               | . 4 CITY-S | T- ZIP              | <u></u>   |          | - D Addising                            |  |
| TITLE   |  | ☐ DELETE 3.   | .1 TITLE   |                     |   | Char     | nge Addition                            |  |
| NAME  |  |               | .2 NAME    |                     |   |          | \                                       |  |
| STREET ADDRESS  |  |               |            | ADORESS             |   |          | •                                       |  |
| CITY-ST-ZIP   |  |               | 4. CITY- S | T- ZIP              |   | ☐ Char   | nge Addition                            |  |
| TITLE   |  | · ·           | .1 TITLE   |                     |   |          | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |  |
| NAME  |  |               | . 2 NAME   |                     |   |          | j                                       |  |
| STREET ADORESS  |  |               |            | ADDRESS             |   |          | İ                                       |  |
| CITY-ST-ZIP   |  | <del></del> + | .4 CITY-ST | 1-ZIP               |   | [ Char   | nge Addition                            |  |
| TITLE   |  |               | 2 NAME     |                     |   |          | - [                                     |  |
| NAME  |  | 4             |            | ADDRESS             |   |          | İ                                       |  |
| STREET ADDRESS  |  |               | 4 CITY-ST  |                     | •   |          |   |  |
| CITY-ST-ZIP<br>TITLE  |  |               | .1 TITLE   |                     |   | ☐ Char   | nge Addition                            |  |
| NAME  |  | <u>-</u>      | 2 NAME     |                     |   |          |   |  |
| ]   |  | 6             | .3 STREET  | ADDRESS             |   |          | )                                       |  |
| STREET ADDRESS  |  | i.            | 4.0004.03  | . 710               |   |          |   |  |

14. I 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 composition or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

**SIGNATURE:**