

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 361788 (3)

1. Corporation Name

SUMA, INC.

Principal Place of Business

2700 SW ARCHER RD
BOX 140265
GAINESVILLE FL 32614-7265

Mailing Address

2700 SW ARCHER RD
PO BOX 140265
GAINESVILLE FL 32614-7265
US

2. Principal Place of Business

2a. Mailing Address

21 6110 NW 1st PLACE

26 6110 NW 1st PLACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE A

27 SUITE A

City & State

City & State

23 GAINESVILLE FLORIDA

28 GAINESVILLE FLORIDA

Zip

Country

Zip

Country

24 32607

25

29 32607

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

03/27/1970

3a. Date of Last Report

03/02/1995

4. FEI Number

59-1288704

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

10. Name and Address of New Registered Agent

BARR, ELLIS L.
2616 N.W. 18TH WAY
GAINESVILLE FL 32605

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's signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME BARR, ELLIS L
STREET ADDRESS 2616 N.W. 18TH WAY
CITY-STATE-ZIP GAINESVILLE, FL 00000

☐ DELETE

TITLE TD
NAME HUNT, MARC I
STREET ADDRESS 2509 NW 50TH PLACE
CITY-STATE-ZIP GAINESVILLE, FL 0

☐ DELETE

TITLE VD
NAME FRAZIER, III R
STREET ADDRESS 2700 SW ARCHER ROAD
CITY-STATE-ZIP GAINESVILLE FL

☐ DELETE

TITLE SD
NAME KNACK, JEFF L.
STREET ADDRESS 2700 SW ARCHER ROAD
CITY-STATE-ZIP GAINESVILLE FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

☒ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

☒ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

☐ Change ☐ Addition

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. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT H. FRAZIER

3/21/96

352 378-1668

DATE

DAYTIME PHONE #

CR2E034 (12/95)