FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

95 MAY -1 PM 2:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 419523 (6)

1. Corporate Name
SUMMEY ENTERPRISES, INC.

Principal Place of Business
15137 NORTH MAIN STREET
JACKSONVILLE FL 32218
US

Mailing Address
14924 WADE ROAD
JACKSONVILLE FL 32218— 1856
US

FOR DEPARTMENT USE ONLY

3. Date of Last Report: 02/21/1973
3a. Date of Last Report: 05/01/1994

2. Corporation Number
21

2a. Mailing Address
26 14924 Wade Road

22

27

23

28 Jacksonville, Florida

24 25 29 32218-1856 30 USA

4. FEI Number: 59-1448592 — Applied For / Not Applicable

5. Certificate of Status Desired: [ ] $8.75 Additional Fee Required

6. Fee for Certificate of Status and Trust Fund Contribution: [ ] $5.00 May Be Added to Fees

8. Has corporation been dissolved or changed its address under s. 607.0505, Florida Statutes? [ ] Yes [✓] No

9. Name and Address of Current Registered Agent

SUMMEY, SELMA C.
14924 WADE ROAD
JACKSONVILLE FL 32218— 1856

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 Section 607.0505, Florida Statutes, the undersigned corporation submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The undersigned is authorized to make the statement and to execute and file the appointment of registered agent. I am familiar with and accept the obligations of my position as registered agent under Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	PDST
NAME	SUMMEY, SELMA C
STREET ADDRESS	14924 WADE ~~RAOD~~ Road
CITY, STATE, ZIP	JACKSONVILLE FL 32218 - 1856
TITLE	VPD
NAME	SUMMEY, SAM F
STREET ADDRESS	14L924 WADE ROAD
CITY, STATE, ZIP	JACKSONVILLE FL 32218 - 1856

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

[X] Change [ ] Add
address)

14. I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a director or officer of the corporation or the receiver or trustee empowered to execute this report as required by Florida Statutes; and that my name appears above, or on an attachment with all other like empowered officers and directors, as they appear on the records of the corporation and its predecessors.

SIGNATURE: Selma C. Summey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/95

(904) 757-4996
(904) 724-6333

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