

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

FILED  
Mar 04 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 497928 (2)  
1. Corporation Name  
SUMMIT CONSULTING, INC.

Principal Place of Business	Mailing Address
2310 A-Z PARK ROAD P.O. DRAWER 988 LAKELAND FL 33802	2310 A-Z PARK ROAD P.O. DRAWER 988 LAKELAND FL 33802

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/25/1976	Applied For Not Applicable
4. FEI Number 59-1683711	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24	25
29	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BULL, WILLIAM B.  
2310 A-Z PARK ROAD  
LAKELAND FL 33801

81 Name	
82 Street Address (P.O. Box Number Is Not Acceptable)	
83	
84 City	85 Zip Code
FL	

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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	P D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BULL, WILLIAM B.	1.2 NAME	Bull, William B.
STREET ADDRESS	2310 A-Z PARK ROAD	1.3 STREET ADDRESS	2310 A-Z Park Road
CITY-ST-ZIP	LAKELAND FL	1.4 CITY-ST-ZIP	Lakeland, FL 33801
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	T D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALL, RUSSELL L.	2.2 NAME	Wall, Russell L.
STREET ADDRESS	2310 A-Z PARK RD.	2.3 STREET ADDRESS	2310 A-Z Park Road
CITY-ST-ZIP	LAKELAND FL	2.4 CITY-ST-ZIP	Lakeland, FL 33801
TITLE	VS <input checked="" type="checkbox"/> DELETE	3.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COLLIS, GEORGA B.	3.2 NAME	Clarke, Jr., Thomas L.
STREET ADDRESS	2310 A-Z PARK ROAD	3.3 STREET ADDRESS	2310 A-Z Park Road
CITY-ST-ZIP	LAKELAND FL	3.4 CITY-ST-ZIP	Lakeland, FL 33801
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ERMATINGER, TIMOTHY J.	4.2 NAME	
STREET ADDRESS	2310 A-Z PARK ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENNETT, ALLEN C.	5.2 NAME	
STREET ADDRESS	2310 A-Z PARK ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HODGES, RICKY T.	6.2 NAME	
STREET ADDRESS	2310 A-Z PARK ROAD	6.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	6.4 CITY-ST-ZIP	

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 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:

*William B. Bull*

William B. Bull 2-27-98

941-665-6060

CP25034 (10/97)