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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED
Mar 25 1998 8:00am
Secretary of State

8-15-98 (352567-6HA

1	MENT # 5714	• •			
SUMIE	R COMMUNICATIONS, I	NC.			1 188101 18111 1882 HEN BERLEN HEN BERLEN BERLE
Principal Plac	e of Rusings	Mailing Address			
•					
300 PINE STREET P.O. BOX 1227 WILDWOOD FL 34785-4830 DADE CITY FL 33526-1227			,		
US		US	·CET		DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualified
2. Principal P	2. Principal Place of Business 2e, Mailing Address				05/09/1978 4. FEI Number Applied For
21 26					59-1921490 Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired \$8.75 Additional
27 27					Fee Required
City & Stat	e	City & State			6. Election Campaign Financing \$5.00 May Be
Zip	Country	28 Zip	Country		Trust Fund Contribution
24	25	29	30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
	9. Name and Address of Cu				10. Name and Address of New Registered Agent
CL	ARK, DON C.		81	Name	e
300	PINE STREET		82	Street A	et Address (P.O. Box Number is Not Acceptable)
WIL	.DWOOD FL 34785		-		
			83		
			84	City	FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.	.0502 and 607.1508. Florida Statute	es, the above	-named	=
office or r	egistered agent, or both, in the S	itate of Florida Such change was a bligations of, Section 607,0505, Flo	uthorized by	the corp	ed corporation submits this statement for the purpose of changing its registered or poration's board of directors. I hereby accept the appointment as registered
SIGNATURE	in ignina with and accept the c	onganana or, occuran corcoo, i ic	nioa otatutea		
BIGINATORE	Signature, typed or printed name of registere	d agent and title if applicable (NOTE	: Registered Age	nt signature	ure required when reinstating) DATE
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D D	☐ DELETE	1.1 TITLE		Change L Addition
NAME STREET ADDRESS	CLARK, DON C. 300 PINE STREET		1.2 NAME 1.3 STREET ADDRESS		
City-St-ZiP	WILDWOOD FL		1.4 City-St-Zip		
TITLE	VD	DELETE	21 TITLE		Change Addition
NAME	STUBBS, JAMES E.		2.2 NAME		
STREET ADDRESS	P.O. BOX 1227 N/A		2.3 STREET ADDRES		
CITY-ST-ZIP	DADE CITY FL 335	26-1227	2. 4 CITY - ST - ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS	•		3.3 STREET		′
CITY - ST - ZIP	34 -	☐ DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET	ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST	- ZIP	
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		Change Addition
NAME		profit	6.2 NAME	į	
STREET ADDRESS	1.		6.3 STREET	ADDRESS	
CITY-ST-ZIP	à·		6.4 CITY - ST		
44 Lhoroby c	entify that the information supplie	d with this filing does not qualify fo	the exempt	ion state	ted in Section 119.07(3)(i), Florida Statutes. I further certify that the information
officer or e	director of the comporation or the	receiver or trustee impowered to e	execute this r	eport as	ited in Section 19.07(5)(f), Florida Statutes: Interfer certify that the information ignature shall have the same legal effect as if made under oath; that I am an as required by Chapter 607, Florida Statutes; and that my name appears in
BIOCK 12 (atlaanment with amaddress.	-		B-18 OV (300) C7 LH