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Feb 05 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 657101 (2)

1. Corporation Name
SUMMIT LOSS CONTROL SERVICES, INC.

Principal Place of Business

2310 A Z PARK ROAD
P.O. DRAWER 988
LAKELAND FL 33802

Mailing Address

2310 A Z PARK ROAD
P.O. DRAWER 988
LAKELAND FL 33802-0988



3. Date Incorporated or Qualified
02/22/1980

3a. Date of Last Report
03/12/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

4. FEI Number

59-1979237

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

9. Name and Address of Current Registered Agent

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

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 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

TITLE P ☐ DELETE
NAME BULL, WILLIAM B.
STREET ADDRESS 2310 AZ PARK ROAD
CITY-ST-ZIP LAKELAND, FL 00000

TITLE V ☐ DELETE
NAME BENNETT, ALLEN C.
STREET ADDRESS 2310 AZ PARK ROAD
CITY-ST-ZIP LAKELAND, FL 00000

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/D ☒ Change ☐ Addition
1.2 NAME William B. Bull
1.3 STREET ADDRESS 2310 A-Z Park Road
1.4 CITY-ST-ZIP Lakeland, FL 33801

2.1 TITLE V/D ☒ Change ☐ Addition
2.2 NAME Allen C. Bennett
2.3 STREET ADDRESS 2310 A-Z Park Road
2.4 CITY-ST-ZIP Lakeland, FL 33801

3.1 TITLE S ☐ Change ☒ Addition
3.2 NAME Thomas L. Clarke, Jr.
3.3 STREET ADDRESS 2310 A-Z Park Road
3.4 CITY-ST-ZIP Lakeland, FL 33801

4.1 TITLE T/D ☐ Change ☒ Addition
4.2 NAME Russell L. Wall
4.3 STREET ADDRESS 2310 A-Z Park Road
4.4 CITY-ST-ZIP Lakeland, FL 33801

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William B. Bull 1-31-97 941-665-6060

Date

Daytime Phone #

CR2E034 (9/96)