

OF STATE

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00CORPORATION
ANNUAL REPORT
1995FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSAPPROVED
AND
FILED

55 MAY 22 11:10:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDADOCUMENT # **F06342**

(2)

1. Corporation Name:

SUMMERS RAINBOW REALTY, INC.

Principal Place of Business:

**505 NORTH MAIN STREET
P O BOX 976
HIGH SPRINGS FL 32643**

Mailing Address:

**505 NORTH MAIN STREET
P O BOX 976
HIGH SPRINGS FL 32643**

(DO NOT WRITE IN THIS SPACE)

3. Date incorporated or qualified:

11/21/1980

3a. Date of Last Report:

04/20/1994

4. FEI Number:

59-2064447

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 unexpired tax under the
Florida Statutes:☐ Yes☒ No

2. Principal Place of Business:

21

Suite, Apt. #, etc.

2a. Mailing Address:

26

Suite, Apt. #, etc.

22

City & State:

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City & State:

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City & State:

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City & State:

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City & State:

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City & State:

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9. Name and Address of Current Registered Agent

**GRUNDER, GARY D. ESQ.
1025 5 N MAIN ST
HIGH SPRINGS FL 32643**

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. I, the undersigned, in the presence of the Secretary of State, and before the 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 the Secretary of State of Florida Statutes.

SIGNATURE:

Name of the person signing this statement:

Name of the registered agent or the person signing this statement:

12. OFFICERS AND DIRECTORS:

OFFICERS AND DIRECTORS:

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS:

ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS:

NAME:

**PD
SUMMERS, ROBERT E.
505 N. MAIN ST.
HIGH SPRINGS FL**

NAME:

☐ Change ☐ Addition

STREET ADDRESS:

STREET ADDRESS:

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR

5-17-95 904-454-3020

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