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PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **F91277** **(6)**

1. Corporation Name
SUMMERS PAINTING & ROOF COATING CO .

Principal Place of Business	Mailing Address
8920 S.W. 129 STREET **MIAMI FL 33176**	**8920 S.W. 129 STREET** **MIAMI FL 33176-5810**

3. Date Incorporated or Qualified: **07/14/1982**	3a. Date of Last Report: **04/08/1996**
4. FEI Number: **59-2384949**	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21 8897 S.W. 129 Terrace	26 8897 S.W. 129 Terrace
Suite, Apt. #, etc.: 22 Miami	Suite, Apt. #, etc.: 27
City & State: 23 Florida	City & State: 28 Miami, Florida
Zip: 24 33176 Country: 25 USA	Zip: 29 33176 Country: 30 USA

9. Name and Address of Current Registered Agent

WHITE, RICHARD M., JR., ESQ.
7100 NORTH KENDALL DRIVE, SUITE 100
WHITE & BROWN, P.A.
MIAMI FL 33156

10. Name and Address of New Registered Agent

81 Name: H. JAMES CATLIN, JR.
82 Street Address (P.O. Box Number is Not Acceptable): 1700 Alfred I. DuPont Building
83: 169 East Flagler Street
84 City: Miami FL 85 Zip Code: 33131

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: H. JAMES CATLIN, JR. 4-28-97
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PTD MULSHINE, ANDY 8920 SW 129TH ST MIAMI FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	8897 SW 129 Terrace Miami Fl 33176	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V REISINGER, CHUCK 8920 SW 129TH ST MIAMI FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	8897 SW 129 Terrace Miami, Fl 33176	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SHAFER, KATHY 8920 SW 129TH ST MIAMI FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	8897 SW 129 Terrace Miami, Fl 33176	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/96)

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: Charles R Reisinger V.P. 4-29-97 (305) 232-1527
SIGNATURE AND TYPED OR PRINTED NAME OF ☑ING OFFICER OR DIRECTOR — Date — Daytime Phone #

0240644