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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **F95000005368 (4)**

1. Corporation Name

CUMMINGS & WHITE-SPUNNER, INC.



Principal Place of Business

**3201 DAUPHIN ST.
MOBILE AL 36616**

Mailing Address

**PO DRAWER 16227
MOBILE AL 36616**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**Christine L. Reiss
HARRISON, SALE, MCCLOY & THOMPSON
304 MAGNOLIA AVE.
PANAMA CITY FL 32401**

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 607.1506, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent of record in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, I am familiar with, and accept the obligations set forth in Section 607.0505, Florida Statutes.

SIGNATURE

Christine L. Reiss

3/15/96

12. OFFICERS AND DIRECTORS

1. TITLE ☐ DELETE

NAME **P WHITE-SPUNNER, JAY**
STREET ADDRESS **3201 DAUPHIN ST.**
CITY-ST-ZIP **MOBILE AL 36616**

2. TITLE ☐ DELETE

NAME **V WHITE-SPUNNER, B**
STREET ADDRESS **3201 DAUPHIN ST.**
CITY-ST-ZIP **MOBILE AL 36616**

3. TITLE ☐ DELETE

NAME **V CUMMINGS, MARL M III**
STREET ADDRESS **3201 DAUPHIN ST.**
CITY-ST-ZIP **MOBILE AL 36616**

4. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

5. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

6. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

7. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

☐ Change ☐ Addition

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY-ST-ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY-ST-ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY-ST-ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY-ST-ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY-ST-ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY-ST-ZIP

25. TITLE

26. NAME

27. STREET ADDRESS

28. CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption state in Section 119.07(3)(d), 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 its 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 amendment with an address.

SIGNATURE:

Marl M. Cummings III

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARL M. CUMMINGS III

3-12-96 (334) 476-6000

CR2E034 (12/95)