

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Aug 02, 1999 8:00 am
Secretary of State

08-02-1999 90007 010 ***150.00

**PROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F98000003586

1. Corporation Name

SUMMIT SYSTEMS, INC.

Principal Place of Business:

1682 JIMMY DODD ROAD
BUFORD GA 30518

Mailing Address

1682 JIMMY DODD ROAD
BUFORD GA 30518

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/24/1998

4. FEI Number

58-2368040

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 owes the current year
Intangible Personal Property. ☐ Yes ☒ No

2. Principal Place of Business

21 **1880 Enterprise Dr. NE**

Suite, Apt. #, etc.

22 **Suite D**

City & State

23 **Buford, GA**

24 **30518**

Country

25 **USA**

2a. Mailing Address

26 **1880 Enterprise Dr. NE**

Suite, Apt. #, etc.

27 **Suite D**

City & State

28 **Buford, GA**

Zip

29 **30518**

Country

30 **USA**

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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 **PST** ☐ DELETE

NAME **KINSEY, MICHAEL A**
STREET ADDRESS **1682 JIMMY DODD ROAD**
CITY-ST-ZIP **BUFORD GA**

TITLE **V** ☒ DELETE

NAME **GRIFFIN, NATHAN**
STREET ADDRESS **718-8 WYNHOLLOW TRACE**
CITY-ST-ZIP **NORCROSS GA**

TITLE **V** ☒ DELETE

NAME **MCCALL, BILLY**
STREET ADDRESS **5760 MATT HIGHWAY**
CITY-ST-ZIP **CUMMING GA**

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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

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 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:

REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-19-99 (678) 482-8010

Date

Daytime Phone #

CR2E034 (5/99)

0118013



F98000003586
599548-90007-10

July 23, 1999

Annual Reports Filings
Division of Corporation
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: Annual Report Filing

We recently received a 1999 Profit Corporation Annual Report packet. It was stamped 2ND NOTICE. We never received the first notice, so I called the number in the packet and was advised to remit a check for \$150.00 along with this letter of explanation.

Thank you,

Mary McCall

Mary McCall
Office Manager