

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Bureau of Corporations
Tallahassee, Florida
32399-0001

APPROVED
AND
FILED

95 MAY -1 AM 8:05

DOCUMENT # G91448

(2)

SUMMIT COMMERCIAL PROPERTIES, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

5266 HWY. AVENUE
P.O. BOX 60069
JACKSONVILLE FL 32236

5266 HWY. AVENUE
P.O. BOX 60069
JACKSONVILLE FL 32236

(IF NOT WITHIN THIS SPACE)

3. Date of Report (For Corporations)	3a. Date of Last Report
03/15/1994	02/07/1994
4. FIC Number	Applied For Not Applicable
59-2388869	
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. Has corporation ever defaulted on payment of taxes under Florida Statutes	☐ Yes ☐ No

9. Name and Address of Current Registered Agent

PRICE, R.J.
5266 HIGHWAY AVE
JACKSONVILLE FL 32205

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 32254

11. Pursuant to the provisions of Sections 607.06(4) and 607.15(8), 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 607.06(4), Florida Statutes.

SIGNATURE

(Print Name of Agent or Agent-in-Charge)

(Print Name of Agent or Agent-in-Charge)

(Date)

12. OFFICERS AND DIRECTORS

TITLE	CD
NAME	SUDDATH, STEPHEN M.
STREET ADDRESS	5266 HIGHWAY AVE.
CITY, ST, ZIP	JACKSONVILLE FL
TITLE	CEO
NAME	BELL, A. QUINN
STREET ADDRESS	5266 HIGHWAY AVE.
CITY, ST, ZIP	JACKSONVILLE FL
TITLE	TD
NAME	PRICE, R.J.
STREET ADDRESS	5266 HIGHWAY AVE.
CITY, ST, ZIP	JACKSONVILLE FL
TITLE	SD
NAME	STRICKLAND, BARBARA S.
STREET ADDRESS	5266 HIGHWAY AVE.
CITY, ST, ZIP	JACKSONVILLE FL
TITLE	DP
NAME	FROCKT, JERRY B
STREET ADDRESS	5266 HIGHWAY AVE.
CITY, ST, ZIP	JACKSONVILLE FL
TITLE	VP
NAME	MOORE, C. WAYNE
STREET ADDRESS	5266 HIGHWAY AVE.
CITY, ST, ZIP	JACKSONVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

14. TITLE	☐ Change ☐ Addition
15. NAME	
16. STREET ADDRESS	
17. CITY, ST, ZIP	32254
18. TITLE	☐ Change ☐ Addition
19. NAME	
20. STREET ADDRESS	
21. CITY, ST, ZIP	32254
22. TITLE	☐ Change ☐ Addition
23. NAME	
24. STREET ADDRESS	
25. CITY, ST, ZIP	32254
26. TITLE	☐ Change ☐ Addition
27. NAME	
28. STREET ADDRESS	
29. CITY, ST, ZIP	32254
30. TITLE	☐ Change ☐ Addition
31. NAME	
32. STREET ADDRESS	
33. CITY, ST, ZIP	32254
34. TITLE	☐ Change ☐ Addition
35. NAME	
36. STREET ADDRESS	
37. CITY, ST, ZIP	32254

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and chosen and equally for the foregoing statement Sections 119.11(2)(b), 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 and reach under oath. That I am an officer or director of the corporation or trust or partnership to execute this report as required by Chapter 102, Florida Statutes, and that my name appears in Block 12 of Block 13 of changed or on an attachment with an address.

SIGNATURE:

Barbara S Strickland

Barbara S Strickland

4/26/95

(904) 281-7100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR