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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **G91448** **(2)**

1. Corporation Name
SUMMIT COMMERCIAL PROPERTIES, INC.

Principal Place of Business	Mailing Address
P O BOX 48088 JAX FL 32247 US	P O BOX 48088 JAX FL 32247-8088 US

3. Date Incorporated or Qualified: **03/15/1984**
3a. Date of Last Report: **05/01/1996**

2. Principal Place of Business	2a. Mailing Address
21 815 S. Main Street	26 815 S. Main Street
Suite, Apt. #, etc. 22 2nd Floor	Suite, Apt. #, etc. 27 6th Floor
City & State 23 Jacksonville, FL	City & State 28 Jacksonville, FL
Zip 24 32207 Country 25 U.S.	Zip 29 32201 Country 30 U.S.

4. FEI Number **59-2388869** ☐ 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

9. Name and Address of Current Registered Agent

PRICE, R.J.
5266 HIGHWAY AVE
JACKSONVILLE FL 32254

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box,Number is Not Acceptable) 815 S. Main Street
83 6th Floor
84 City Jacksonville **FL** 85 Zip Code 32207

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 ______________________________ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	SUDDATH, STEPHEN M.		1.2 NAME	
STREET ADDRESS	5266 HIGHWAY AVE.		1.3 STREET ADDRESS	815 South Main Street, 6th Flr.
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-ST-ZIP	Jacksonville, Florida 32207
TITLE	CEO	☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	BELL, A.QUINN		2.2 NAME	
STREET ADDRESS	5266 HIGHWAY AVE.		2.3 STREET ADDRESS	815 S. Main Street, 6th Floor
CITY-ST-ZIP	JACKSONVILLE FL		2.4 CITY-ST-ZIP	Jacksonville, Florida 32207
TITLE	TD	☐ DELETE	3.1 TITLE	☒ Change ☐ Addition
NAME	PRICE, R.J.		3.2 NAME	
STREET ADDRESS	5266 HIGHWAY AVE.		3.3 STREET ADDRESS	815 S. Main Street, 6th Floor
CITY-ST-ZIP	JACKSONVILLE FL		3.4 CITY-ST-ZIP	Jacksonville, Florida 32207
TITLE	SD	☐ DELETE	4.1 TITLE	☒ Change ☐ Addition
NAME	STRICKLAND, BARBARA S.		4.2 NAME	
STREET ADDRESS	5266 HIGHWAY AVE.		4.3 STREET ADDRESS	815 S. Main Street, 6th Floor
CITY-ST-ZIP	JACKSONVILLE FL		4.4 CITY-ST-ZIP	Jacksonville, Florida 32207
TITLE	P	☐ DELETE	5.1 TITLE	☒ Change ☐ Addition
NAME	FROCKT, JERRY B		5.2 NAME	
STREET ADDRESS	5266 HIGHWAY AVE.		5.3 STREET ADDRESS	815 S. Main Street, 6th Floor
CITY-ST-ZIP	JACKSONVILLE FL		5.4 CITY-ST-ZIP	Jacksonville, FL 32207
TITLE	VP	☒ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	MOORE, C. WAYNE		6.2 NAME	
STREET ADDRESS	5266 HIGHWAY AVE.		6.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL		6.4 CITY-ST-ZIP	

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: Robert J. Price 01-17-96 904-390-7100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #