FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED

95 MAY -1 AM 11:21

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **H40780** **(9)**

1. Corporate Name

SUMMERS & WOOD BUILDERS, INC.

Principal Place of Business

% W. L. SUMMERS
P.O. BOX 2817 (CIRCLE DR.)
LAKE CITY FL 32056-2817

Mailing Address

% W. L. SUMMERS
P.O. BOX 2817 (CIRCLE DR.)
LAKE CITY FL 32056-2817

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **02/04/1985**

3a. Date of Last Report: **04/29/1994**

2. Principal Place of Business — 21 — State, Apt. # or Suite — 22 — City & State — 23 — Zip — 24 — County — 25

2a. Mailing Address — 26 — State, Apt. # or Suite — 27 — City & State — 28 — Zip — 29 — County — 30

4. FEI Number: **59-2640160** ☐ 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 lobbyist or principals (as defined in s. 11.045(1)(c), Florida Statutes)* XX Yes ☐ No

9. Name and Address of Current Registered Agent

SUMMERS, W. L.
CIRCLE DR.
LAKE CITY FL 32055

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 Section(s) 607.0501, 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 (of new registered agent, if changing) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES, TO OFFICERS AND DIRECTORS (A, C, D)
15 TYPE	DP	☐ Change ☐ Addition
16 NAME	SUMMERS, W. L.	
17 STREET ADDRESS	P.O. BOX 2817(CIR. DR.) N/A	
18 CITY-ST-ZIP	LAKE CITY FL 32056	
19 TYPE	DST	☐ Change ☐ Addition
20 NAME	WOOD, JERRY T	
21 STREET ADDRESS	P.O. BOX 2817 N/A	
22 CITY-ST-ZIP	LAKE CITY FL 32024	
23 TYPE		☐ Change ☐ Addition
24 NAME		
25 STREET ADDRESS		
26 CITY-ST-ZIP		
27 TYPE		☐ Change ☐ Addition
28 NAME		
29 STREET ADDRESS		
30 CITY-ST-ZIP		
31 TYPE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
35 TYPE		☐ Change ☐ Addition
36 NAME		
37 STREET ADDRESS		
38 CITY-ST-ZIP		

14. I/We hereby certify that the information supplied with this report is absolutely true and correct and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 I am aware of the penalties prescribed for the making of false reports to the Department of State.

SIGNATURE: W. L. Summers — **W L Summers** — **March 28, 1995** — **904-755-5055**

SIGNATURE AND TYPED OR PRINTED NAME OF DIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0008364 CP