SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996 AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sanora B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS **DOCUMENT** # J22102 JOHN D. SUMMERS II, INC. Principal Place of Business Mailing Address 3700 32ND ST W 129 TYLER DR., APT 101 **BRADENTON FL 34205** SARASOTA FL 34236 3. Date Incorporated or Qualified 3a. Date of Last Report 07/02/1986 07/25/1995 Applied For 2. Principal Place of Business 2a. Mailing Address Not Applicable 59-2695381 21 26 \$8:75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be П Added to Fees Trust Fund Contribution 23 28 Country 8. This corporation has liability for intangible tax under s. 199 032 Zιρ Zin 🗒 Yes 🔲 No 30 Florida Statutes 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name SUMMERS, JOHN D., # Street Address (P.O. Box Number is Not Acceptable) 82 129 TYLER DRIVE APT. 101 83 SARASOTA FL 34236 City 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 DATE (NOTE: Fingetiered Agent signature required when reinstating) Signature, typica or priorition name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (3/96) OFFICERS AND DIRECTORS 13. 12. DELÉTÉ Change Addition 1.1 TITLE TITLE 1.2 NAME E034 SUMMERS, JOHN D., II NAME 129 TYLER DR., APT 101 1.3 STREET ADDRESS STREET ADDRESS SARASOTA FL CITY - ST - ZIP 1.4 CITY - ST - ZIP Change Addition DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2 3 STREET ADDRESS STREET ADORESS 2 4 CITY - ST - ZIP CITY-ST-ZIP Change Addition TITLE DELETE 3 1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CiTY - ST - ZIP CITY - ST - ZIP DELETE Change Addition 4 1 TITLE THLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 5 1 TITLE TITLE 5 2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CHY-ST ZIP CITY - ST - ZIP 800001931418 Addition -08/26/96--01008--017 DELETE 61 TITLE TITLE 62 NAME NAME ***375.00 6.3 STREET ADDRESS STREET ADDRESS 64 CITY - ST - ZIP CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section further certify that the information indicated on this annual point or supplemental annual report is true and accurate and that my signature so made under oath, that I am an officer or director withe lighteration or the receiver or trustee empowered to execute this report as required by

SIGNATURE:

that my name appears in Block 12 d

SIGNATURE AND TYPED OR

n attachment with an address