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 APR 17 PM 1:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J68922** **(0)**

1. Corporation Name
SUMMER TRIMMER U, INC.

Principal Place of Business	Mailing Address
2329 SUNSET POINT RD STE 201 CLEARWATER FL 34625 US	2329 SUNSET POINT RD STE 201 CLEARWATER FL 34625 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **04/21/1987**
3a. Date of Last Report: **05/24/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29 — Country — 25 / 30

4. FEI Number: **59-2813193** ☐ 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

ANDERSON, JOANNA
2329 SUNSET POINT ROAD
SUITE 201
CLEARWATER FL 34625

10. Name and Address of New Registered Agent

81 Name: O'Connor, Diane
82 Street Address (P.O. Box Number is Not Acceptable): Same
83: Same
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: Diane O'Connor — 4-11-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VTS	1.1 TITLE	VTS	☒ Change ☐ Addition
NAME	ANDERSON, W DEAN	1.2 NAME	O'Connor, Michael D	
STREET ADDRESS	500 N OSECOLA AVE	1.3 STREET ADDRESS	1763 Main St	
CITY-ST-ZIP	CLEARWATER FL	1.4 CITY-ST-ZIP	Dunedin, FL 34698	
TITLE	P	2.1 TITLE	P	☒ Change ☐ Addition
NAME	ANDERSON, JOANNA	2.2 NAME	O'Connor, Diane, C.	
STREET ADDRESS	500 N OSECOLA AVE	2.3 STREET ADDRESS	1763 Main St	
CITY-ST-ZIP	CLEARWATER FL	2.4 CITY-ST-ZIP	Dunedin, FL 34698	
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished 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 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: Diane O'Connor — Diane O'Connor — 4/11/95 — (813)-725-1722
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0960813 CP