

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

DOCUMENT # J92743

(0)

95 MAY -1 PM 9:38

1. Corporation Name

SUMMIT GROUP, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

% IVER B. DUNNED JR
6945 14TH ST S
ST PETERSBURG FL 33705-6043

Mailing Address

% IVER B. DUNNED JR
6945 14TH ST S
ST PETERSBURG FL 33705-6043

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/14/1987

3a. Date of Last Report

04/28/1994

4. FEI Number

59-2875404

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

2. Principal Place of Business

21 4566-26th AVE. N.

2a. Mailing Address

26 P.O. Box 20546

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

23 ST PETERSBURG, FL

City & State

28 ST. PETERSBURG, FL

Zip

24 33713

Country

25 USA

Zip

29 33742

Country

30 USA

9. Name and Address of Current Registered Agent

DUNNED, IVER B. JR
6945 14TH ST S
ST PETERSBURG FL 33705

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

4566-26 Avenue North

83

84 City

St. Petersburg

FL

85 Zip Code

33713

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

Signature typed or printed name of registered agent and the if applicable

NOTE: Registered Agent signature required when registering

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY ST ZIP
PST	DUNNED, IVER B., JR.	6945 14TH STREET, S.	ST. PETERSBURG FL
TITLE	NAME	STREET ADDRESS	CITY ST ZIP
TITLE	NAME	STREET ADDRESS	CITY ST ZIP
TITLE	NAME	STREET ADDRESS	CITY ST ZIP
TITLE	NAME	STREET ADDRESS	CITY ST ZIP
TITLE	NAME	STREET ADDRESS	CITY ST ZIP
TITLE	NAME	STREET ADDRESS	CITY ST ZIP
TITLE	NAME	STREET ADDRESS	CITY ST ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE	2 NAME	3 STREET ADDRESS	4 CITY ST ZIP	Change	Addition
PST	Dunndel, Iver B., Jr.	4566-26 Avenue North	ST Petersburg, FL 33713	☒	☐
2 TITLE	2 NAME	2 STREET ADDRESS	2 CITY ST ZIP	☐	☐
3 TITLE	3 NAME	3 STREET ADDRESS	3 CITY ST ZIP	☐	☐
4 TITLE	4 NAME	4 STREET ADDRESS	4 CITY ST ZIP	☐	☐
5 TITLE	5 NAME	5 STREET ADDRESS	5 CITY ST ZIP	☐	☐
6 TITLE	6 NAME	6 STREET ADDRESS	6 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 110.07(3)(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 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: Iver B. Dunndel Jr. re Principal Iver B. Dunndel, Jr. 4-29-95 813-525-1914

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number