

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Jan 17 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # K00679 (6)

1. Corporation Name:
SUMMERHAYS, DAVIS & GAINES, CHARTERED



Principal Place of Business
1905 S. 25TH ST.
SUITE 202
FT. PIERCE FL 34947

Mailing Address
1905 S. 25TH ST.
SUITE 202
FT. PIERCE FL 34947-4769

3. Date Incorporated or Qualified
11/05/1987

3a. Date of Last Report
03/05/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	65-0010830	Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 Country	29 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

SUMMERHAYS, ROBERT W., JR.
SUITE 202
1905 S. 25TH STREET
FT. PIERCE FL 34947

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 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, if title is applicable) (NOTE: Registered Agent signature required when reinstalling) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUMMERHAYS, ROBERT W., JR.	1.2 NAME	
STREET ADDRESS	1905 S. 25TH ST. #202	1.3 STREET ADDRESS	
CITY - ST - ZIP	FT. PIERCE FL	1.4 CITY - ST - ZIP	
TITLE	SD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, ROBERT A	2.2 NAME	
STREET ADDRESS	1905 S. 25TH ST. #202	2.3 STREET ADDRESS	
CITY - ST - ZIP	FT. PIERCE FL	2.4 CITY - ST - ZIP	
TITLE	TD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAINES, J.W.	3.2 NAME	
STREET ADDRESS	1905 S. 25TH ST. #202	3.3 STREET ADDRESS	
CITY - ST - ZIP	FT. PIERCE FL	3.4 CITY - ST - ZIP	
TITLE	AT	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUMMERHAYS, LOUISE	4.2 NAME	
STREET ADDRESS	1905 S. 25TH ST. #202	4.3 STREET ADDRESS	
CITY - ST - ZIP	FT. PIERCE FL	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLEN, MICHAEL D	5.2 NAME	
STREET ADDRESS	1905 S. 25TH ST. #202	5.3 STREET ADDRESS	
CITY - ST - ZIP	FT. PIERCE FL	5.4 CITY - ST - ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAILEY, RANDY G	6.2 NAME	
STREET ADDRESS	1905 S. 25TH ST. #202	6.3 STREET ADDRESS	
CITY - ST - ZIP	FT. PIERCE FL	6.4 CITY - ST - ZIP	

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: *Louise C. Summerhays* Louise C. Summerhays 1-8-97 561-461-1155

CR2E034 (9/96)