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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **L13141** **(1)**

1. Corporation Name
SUMMERS CONSTRUCTION CORP. OF S.W. FLORIDA

Principal Place of Business	Mailing Address
3461 BONITA BAY BLVD. SUITE 214 BONITA SPRINGS FL 33923	3461 BONITA BAY BLVD. SUITE 214 BONITA SPRINGS FL 34134-4378

3. Date Incorporated or Qualified: 08/29/1989
3a. Date of Last Report: 02/20/1996

2. Principal Place of Business	2a. Mailing Address
21 584 NINTH ST. S.	26 584 NINTH ST. S.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 NAPLES, FL	City & State 28 NAPLES, FL
Zip 24 34102 Country 25 USA	Zip 29 34102 Country 30 USA

4. FEI Number: 65-0140529 ☐ 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	10. Name and Address of New Registered Agent
PARRY, TIMOTHY R. 800 LAUREL OAK DR., SUITE 400 NAPLES FL 33963-2738	81 Name: BRIAN McAVOY 82 Street Address (P.O. Box Number is Not Acceptable): 800 LAUREL OAK DR., SUITE 400 83 84 City: NAPLES FL 85 Zip Code: 34108

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: BRIAN McAVOY — Brian McAvoy — 4/25/97
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	PD	☐ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	SUMMERS, DANIEL A.		1.2 NAME	SUMMERS, DANIEL A.	
STREET ADDRESS	131 FOREST LAKES BLVD.		1.3 STREET ADDRESS	335 6TH ST. N.	
CITY-ST-ZIP	NAPLES FL		1.4 CITY-ST-ZIP	NAPLES, FL 34102	
TITLE	VST	☐ DELETE	2.1 TITLE	VST	☒ Change ☐ Addition
NAME	SUMMERS, THOMAS D.		2.2 NAME	SUMMERS, THOMAS D.	
STREET ADDRESS	1818 MAPLE AVENUE		2.3 STREET ADDRESS	1818 MAPLE AVE.	
CITY-ST-ZIP	FT. MYERS FL		2.4 CITY-ST-ZIP	FT. MYERS, FL 33901	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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: [signature] PRES. — 4-10-97 — 941-403-1660
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL SIGNING (OFFICER OR DIRECTOR) — Date — Daytime Phone #

DANIEL A. SUMMERS

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