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PROFIT CORPORATION ANNUAL REPORT 1999



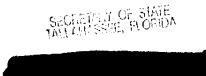
FLORIDA DEPARTMENT OF STATE **Katherine Harris** 

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L13141

SUMMERS CONSTRUCTION CORP. OF S.W. FLORIDA

99 FEB 16 PH 4: 10



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Principal Plac	e of Business	Mailing Address			
SM NINTH ST		584 MINTH ST S			
NAPLES FL 34102 NAPLES FL 34102					
us us			DO NOT WRITE IN THIS SPACE		
				3. Date Incorporated or Qualified 08/29/1989	•
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0140529	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt, #, etc.		5. Certificate of Status Desired   \$8.	75 Additional
22		27		FE	e Required
City & Stat	le	Cily & State			.00 May Be
23		28		Trust Fund Contribution Ad	ded to Fees
Zip	Country	Zφ	Country	This corporation owes the current year Intengible     Personal Property Fex.	□No
24 25 29 30 30 S. Name and Address of Current Registered Agent		30]	10. Name and Address of New Registered Agent		
	5. Name and Address of Current	Wolfestellen Whelie	81 Name	TO. Harre and Address of the Head State A. Settle	
MCAYOY, BRIAN					
800 LAUREL OAK DR		82 Street Ad	Idress (P.O. Box Number is Not Acceptable)		
SUN	TE.400		83		
NAP	LES FL 34108			33 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	
ţ			84 City	FL   <sup>65</sup>	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.					
1 400 410 14		Dilb			
SIGNATURE	Eignature, haved or printed name of registered agent		Registered Agent Editation (equi	affect when reinstating) DATE	
SIGNATURE	Egnature, typed or prised name of registered agent OFFICERS AND	and the Fapplicable [NOTE: F	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRE	
SIGNATURE 12. TITLE	Storage, good or prised name of registered agent OFFICERS AND	and the Fappicable (NOTE: R	13. 11 TITLE	affect when reinstating) DATE	
SIGNATURE 12. TITLE NAME	Ethinia, good or pideod name of replaced agent OFFICERS AND PD SUMMERS, DANIEL A.	and the Fapplicable [NOTE: F	13. 11 TITLE 12 NAME	ADDITIONS/CHANGES TO OFFICERS AND DIRE	
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16. I hereby cerify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further cerify that the information indicated on this annual report or suppliemental 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 of the receiver or inustee 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

2.12.99 941403-1660