FILED
Apr 14 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 # L59379 (2)

1. Corporation Name

SUMMERS SUB CONTRACTING, INC.

Principal Place of Business	Mailing Address
POB 320431 TAMPA FL 33679-2431	POB 320431 TAMPA FL 33679-2431

3. Date Incorporated or Qualified	3a. Date of Last Report
04/01/1990	04/10/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	
21	26	**65-0184655**	☐ Applied For
Suite, Apt. #, etc. 22	Suite, Apt #, etc. 27		☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
Zip 24	Country 25	Zip 29	Country 30

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
SUMMERS, DAVID A. 3612 W CLARK CIR TAMPA FL 33629	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 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: D	☐ DELETE	1.1 TITLE	☐ Change	☐ Addition
NAME: SUMMERS, DAVID A.		1.2 NAME		
STREET ADDRESS: 3612 W. CLARK CIRCLE		1.3 STREET ADDRESS		
CITY-ST-ZIP: TAMPA FL 33629		1.4 CITY-ST-ZIP		
TITLE:	☐ DELETE	2.1 TITLE	☐ Change	☐ Addition
NAME:		2.2 NAME		
STREET ADDRESS:		2.3 STREET ADDRESS		
CITY-ST-ZIP:		2.4 CITY-ST-ZIP		
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		

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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: _____ DAVID A SUMMERS 4-10-97 835-4101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

813

0368753