

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # M75499

(7)

1. Corporation Name

CUMMINGS ENTERPRISES, INC.



Principal Place of Business

Mailing Address

% KYLE G. CUMMINGS
RT 1 BOX 424-60
MYAKKA CITY FL 34251
US

% KYLE G. CUMMINGS
RURAL ROUTE 1, BOX 424-60
MYAKKA CITY FL 34251
US

3. Date Incorporated or Qualified
04/06/1988

3a. Date of Last Report
05/11/1995

2. Principal Place of Business

2a. Mailing Address

21 5152 253rd St. E.

26 5152 253rd St. E.

4. FEI Number

65-0038602

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

22 City & State

23 Myakka City, FL

24 34251

25 USA

26 34251

27 USA

28 34251

29 USA

30 34251

31 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CUMMINGS, KYLE G.
RURAL ROUTE 1, BOX 424-60
MYAKKA CITY FL 34251

81 Name

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

5152 253rd St. E.

83

84

Myakka City

FL

85

Zip Code

34251

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

TITLE PD
NAME CUMMINGS, KYLE G.
STREET ADDRESS RURAL ROUTE 1, BOX 424-60
CITY - ST - ZIP MYAKKA CITY FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
5152 253rd St. E.
Myakka City, FL 34251

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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 119.07(3)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/96 941 322-1108

CR2E034 (12/95)