

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 # M92213 (1)

1. Corporation Name

SUMMA TECHNICAL INSTITUTE, INC.



Principal Place of Business

Mailing Address

% DRASUTIS GUEDELIS  
300 JOHN RODES BLVD.  
WEST MELBOURNE FL 32904

% DRASUTIS GUEDELIS  
300 JOHN RODES BLVD.  
WEST MELBOURNE FL 32904

3. Date Incorporated or Qualified

08/02/1988

3a. Date of Last Report

01/13/1995

2. Principal Place of Business

2a. Mailing Address

21 c/o Joseph Beauseigneur

26 c/o Joseph Beauseigneur

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 300 John Rodes Blvd

27 300 John Rodes Blvd

City & State

City & State

23 West Melbourne, FL 32904

28 West Melbourne, FL 32904

Zip

Country

Zip

Country

24

25

29

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4. FEI Number

59-2902050

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

GUEDELIS, DRASUTIS  
300 JOHN RODES BLVD.  
WEST MELBOURNE FL 32904

81 Name

Joseph Beauseigneur

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

300 John Rodes Blvd

83

84 City

West Melbourne

FL

85 Zip Code  
32904

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

Joseph Beauseigneur, President

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

DT

☒ DELETE

NAME

GUEDELIS, DRASUTIS  
300 JOHN RODES BLVD.  
WEST MELBOURNE FL

STREET ADDRESS

CITY - ST - ZIP

TITLE

DO

☐ DELETE

NAME

BEAUSEIGNEUR, JOSEPH  
300 JOHN RODES BLVD.  
WEST MELBOURNE FL

STREET ADDRESS

CITY - ST - ZIP

TITLE

D

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NAME

VETRANE, DAVID  
776 COVE ROAD  
STAMFORD CT

STREET ADDRESS

CITY - ST - ZIP

TITLE

S

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NAME

HUMMEL, CAROL ANN  
300 JOHN RODES BLVD.  
W MELBOURNE FL

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

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

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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

Carol Ann Hummel

Date:

1/25/96

Daytime Phone:

407-727-2265

CR2E034 (12/95)