

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 07, 2005 8:00 am**  
**Secretary of State**

01-07-2005 90020 024 \*\*\*150.00

**DOCUMENT # P01000091488**

1. Entity Name  
**SUMMIT CONSTRUCTORS, INC.**



Principal Place of Business  
**6877 PHILLIPS INDUSTRIAL BLVD.  
JACKSONVILLE, FL 32256**

Mailing Address  
**6877 PHILLIPS INDUSTRIAL BLVD.  
JACKSONVILLE, FL 32256**

**50000677**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01052005 Chg-P CR2E034 (10/03)

4. FEI Number

**59-3744669**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LONGO, RICHARD J  
6877 PHILLIPS INDUSTRIAL BLVD.  
JACKSONVILLE, FL 32256**

Name

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

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
FLECKENSTEIN, ROBERT L  
6877 PHILLIPS INDUSTRIAL BLVD.  
JACKSONVILLE, FL 32256** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP/CEO  
Richard J. Longo  
6877 Phillips Industrial Blvd.  
Jacksonville, FL 32256** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
BOATWRIGHT, MAYLON  
6877 PHILLIPS INDUSTRIAL BLVD.  
JACKSONVILLE, FL 32256** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
Mark E. Prewitt  
6877 Phillips Industrial Blvd.  
Jacksonville, FL 32256** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**COO  
SOWDERS, PAUL D  
6877 PHILLIPS INDUSTRIAL BLVD  
JACKSONVILLE, FL 32256** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
William E. Reneau  
6877 Phillips Industrial Blvd.  
Jacksonville, FL 32256** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SVP  
ROBINSON, MATTHEW G  
6877 PHILLIPS INDUSTRIAL BLVD  
JACKSONVILLE, FL 32256** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP/General Counsel  
Hugh M. Davenport  
6877 Phillips Industrial Blvd.  
Jacksonville, FL 32256** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
SHAFFER, JOHN R  
6877 PHILLIPS INDUSTRIAL BLVD  
JACKSONVILLE, FL 32256** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
Bernard R. Cornelius  
6877 Phillips Industrial Blvd.  
Jacksonville, FL 32256** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**~~SVP~~ CEO  
COX, JAMES F  
6877 PHILLIPS INDUSTRIAL BLVD  
JACKSONVILLE, FL 32256** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
Michael M. Moore  
6877 Phillips Industrial Blvd.  
Jacksonville, FL 32256** ☐ Change ☒ Addition

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

**SIGNATURE:**

**Robert L. Fleckenstein**

**904-263-5500**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #