

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 FEB 28 PM 3:59

DOCUMENT # P27444 (9)

1. Corporation Name

SUMMIT INVESTMENT CORPORATION OF CLEARWATER

Principal Place of Business

300 INTERNATIONAL CENTRE
900 SECOND AVE., SOUTH
MINNEAPOLIS MN 55402

Mailing Address

500 INTERNATIONAL CENTRE
900 SECOND AVE., SOUTH
MINNEAPOLIS MN 55402

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

12/27/1989

3a. Date of Last Report

03/14/1994

2. Principal Place of Business

21

Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

4. FEI Number

41-1301243

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**

6. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

KEATING, KEVIN R
645 BEACHLAND BLVD #2
VERO BCH 32983

10. Name and Address of New Registered Agent

81 Name

Willis D. Heim

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

6604 Glen Arbor Way

83

84 City

Naples

FL

85 Zip Code

33999

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

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

Willis D. Heim

2/23/95

DATE

12. OFFICERS AND DIRECTORS

TITLE **V**
NAME **EXLINE STARR, ANN**
STREET ADDRESS **500 INTERNATIONAL CENTRE**
CITY-ST-ZIP **MINNEAPOLIS MN**

TITLE **VSD**
NAME **PAYMAR, ROBERT H.**
STREET ADDRESS **500 INTERNATIONAL CENTRE**
CITY-ST-ZIP **MINNEAPOLIS MN**

TITLE **D**
NAME **SEXTON, WILLIAM D.**
STREET ADDRESS **500 INTERNATIONAL CENTRE**
CITY-ST-ZIP **MINNEAPOLIS MN**

TITLE **D**
NAME **HEIM, WILLIS D.**
STREET ADDRESS **500 INTERNATIONAL CENTRE**
CITY-ST-ZIP **MINNEAPOLIS MN**

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 110.07(3)(b), 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: *Ann Exline Starr*

2/23/95

612-338-1400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ann Exline Starr, General Counsel/Vice President