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CORPORATION ANNUAL REPORT **1995**

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

FILED
95 JAN 27 PM 3:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000046430 (2)**

1. Corporation Name
H.B. CUMMINGS' SONS, INC.

Principal Place of Business	Mailing Address
100 ANCHOR DR #446 KEY LARGO FL 33037	100 ANCHOR DR #446 KEY LARGO FL 33037

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/21/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 8951 Bolivia Bch Road	26 8951 Bolivia Bch Rd.
State, Apt. #, etc. 22 525-315	Suite, Apt. #, etc. 27 525-315
City & State 23 Bolivia Springs, FL	City & State 28 Bolivia Springs FL
Zip / Country 24 33923 / 25 USA	Zip / Country 29 33923 / 30 USA

4. FEI Number: 65-0499687 ☐ 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
CUMMINGS, HARRINGTON M 100 ANCHOR DR #446 KEY LARGO FL 33037	81 Name: CUMMINGS, HARRINGTON M. 82 Street Address (P.O. Box Number is Not Acceptable): 8951 BOLIVIA BEACH ROAD 83 #525-315 84 City: BOLIVIA SPRINGS FL 85 Zip Code: 33923

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: _____ DATE
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	D ☒ Change ☐ Addition
NAME	CUMMINGS, HARRINGTON M	12 NAME	CUMMINGS, HARRINGTON M.
STREET ADDRESS	100 ANCHOR DR #446	13 STREET ADDRESS	8951 BOLIVIA BEACH ROAD #525-315
CITY-ST-ZIP	KEY LARGO FL 33037	14 CITY-ST-ZIP	BOLIVIA SPRINGS, FL 33923
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	CUMMINGS, CHARLES W	22 NAME	
STREET ADDRESS	1390 MANTUA MILL RD	23 STREET ADDRESS	
CITY-ST-ZIP	GLYNDON MD 21071	24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(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: HARRINGTON M. CUMMINGS 1/24/95 813 422-1708
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

01127200 CP