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Jan 17 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000046430 (2)

1. Corporation Name

H.B. CUMMINGS' SONS, INC.

Principal Place of Business

8951 BONITA BEACH ROAD
525-315
BONITA SPRINGS FL 33923
US

Mailing Address

8951 BONITA BEACH RD
525-315
BONITA SPRINGS FL 34135-4201
US



3. Date Incorporated or Qualified

06/21/1994

3a. Date of Last Report

03/15/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24 34135

25

2a. Mailing Address

26 8951 BONITA BEACH RD

Suite, Apt. #, etc.

27 525-315

City & State

28 BONITA SPRINGS, FL 34135

Zip

29 34135

Country

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

CUMMINGS, HARRINGTON M
8951 BONITA BEACH ROAD
#525-315
BONITA SPRINGS FL 33923

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D CUMMINGS, HARRINGTON M

NAME 8951 BONITA BEACH ROAD #525-315
STREET ADDRESS BONITA SPRINGS FL
CITY - ST - ZIP

TITLE D CUMMINGS, CHARLES W

NAME 1390 MANTUA MILL RD
STREET ADDRESS GLYNDON MD 21071
CITY - ST - ZIP

TITLE D CUMMINGS, CHARLES W

NAME 1390 MANTUA MILL RD
STREET ADDRESS GLYNDON MD 21071
CITY - ST - ZIP

TITLE D CUMMINGS, CHARLES W

NAME 1390 MANTUA MILL RD
STREET ADDRESS GLYNDON MD 21071
CITY - ST - ZIP

TITLE D CUMMINGS, CHARLES W

NAME 1390 MANTUA MILL RD
STREET ADDRESS GLYNDON MD 21071
CITY - ST - ZIP

TITLE D CUMMINGS, CHARLES W

NAME 1390 MANTUA MILL RD
STREET ADDRESS GLYNDON MD 21071
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

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 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 registered agent 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

Date

Daytime Phone #

0416652

CR2E034 (9/96)