

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00


FILED

Feb 02, 1999 8:00am  
Secretary of State

02-02-1999 90018 029 \*\*\*\*\*150.00



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P94000046430</b>					
1. Corporation Name <b>H.B. CUMMINGS' SONS, INC.</b>					
Principal Place of Business <b>8951 BONITA BEACH ROAD 525-315 BONITA SPRINGS FL 34135 US</b>			Mailing Address <b>8951 BONTA BEACH RD. 525-315 BONITA SPRINGS FL 34135 US</b>		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		06/21/1994	
22 City & State		27 City & State		4. FEI Number <b>65-0499687</b>	
23 Zip		28 Zip		Applied For Not Applicable	
24 Country		29 Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
25		30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
CUMMINGS, HARRINGTON M 8951 BONITA BEACH ROAD #525-315 BONITA SPRINGS FL 33923				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating).</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE <input type="checkbox"/> DELETE			1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME <b>CUMMINGS, HARRINGTON M</b>			1.2 NAME		
STREET ADDRESS <b>8951 BONITA BEACH ROAD #525-315</b>			1.3 STREET ADDRESS		
CITY-ST-ZIP <b>BONITA SPRINGS FL</b>			1.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME <b>CUMMINGS, CHARLES W</b>			2.2 NAME		
STREET ADDRESS <b>1390 MANTUA MILL RD</b>			2.3 STREET ADDRESS		
CITY-ST-ZIP <b>GLYNDON MD 21071</b>			2.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME <b>CUMMINGS, HARRINGTON M</b>			3.2 NAME		
STREET ADDRESS <b>8951 BONITA BEACH ROAD</b>			3.3 STREET ADDRESS		
CITY-ST-ZIP <b>BONITA SPRINGS FL</b>			3.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME <b>CUMMINGS, CHARLES W</b>			4.2 NAME		
STREET ADDRESS <b>1390 MANTUA MILL RD</b>			4.3 STREET ADDRESS		
CITY-ST-ZIP <b>GLYNDON MD 21071</b>			4.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME <b>CUMMINGS, CHARLES W</b>			5.2 NAME		
STREET ADDRESS <b>1390 MANTUA MILL RD</b>			5.3 STREET ADDRESS		
CITY-ST-ZIP <b>GLYNDON MD 21071</b>			5.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME <b>CUMMINGS, CHARLES W</b>			6.2 NAME		
STREET ADDRESS <b>1390 MANTUA MILL RD</b>			6.3 STREET ADDRESS		
CITY-ST-ZIP <b>GLYNDON MD 21071</b>			6.4 CITY-ST-ZIP		

14. 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 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, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/14/99 941-942-1708

CR2E034 (11/98)