

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

FILED
Jun 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # P95000067232 (5)

1. Corporation Name
SUMMERS & ATKINS, CPAS, P.A.

Principal Place of Business 4521 ATLANTIC BLVD STE C JACKSONVILLE FL 32207 US	Mailing Address 4521 ATLANTIC BLVD STE C JACKSONVILLE FL 32207-2165 US
---	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 103 Century 21 Drive Suite, Apt. #, etc. 22 Suite 112 City & State 23 Jacksonville, FL Zip 24 32216		2a. Mailing Address 26 Suite, Apt. #, etc. 27 Suite 112 City & State 28 Jacksonville, FL Zip 29 32216		3. Date Incorporated or Qualified 08/30/1995	
2. Principal Place of Business 21 103 Century 21 Drive Suite, Apt. #, etc. 22 Suite 112 City & State 23 Jacksonville, FL Zip 24 32216		2a. Mailing Address 26 Suite, Apt. #, etc. 27 Suite 112 City & State 28 Jacksonville, FL Zip 29 32216		4. FEI Number 59-3335553	
2. Principal Place of Business 21 103 Century 21 Drive Suite, Apt. #, etc. 22 Suite 112 City & State 23 Jacksonville, FL Zip 24 32216		2a. Mailing Address 26 Suite, Apt. #, etc. 27 Suite 112 City & State 28 Jacksonville, FL Zip 29 32216		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
2. Principal Place of Business 21 103 Century 21 Drive Suite, Apt. #, etc. 22 Suite 112 City & State 23 Jacksonville, FL Zip 24 32216		2a. Mailing Address 26 Suite, Apt. #, etc. 27 Suite 112 City & State 28 Jacksonville, FL Zip 29 32216		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
2. Principal Place of Business 21 103 Century 21 Drive Suite, Apt. #, etc. 22 Suite 112 City & State 23 Jacksonville, FL Zip 24 32216		2a. Mailing Address 26 Suite, Apt. #, etc. 27 Suite 112 City & State 28 Jacksonville, FL Zip 29 32216		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent ATKINS, CHARLES R 4521 ATLANTIC BLVD STE C JACKSONVILLE FL 32207		10. Name and Address of New Registered Agent 81 Name Jesse E. Summers 82 Street Address (P.O. Box Number is Not Acceptable) 103 Century 21 Drive, Suite 112 83 84 City Jacksonville FL 85 Zip Code 32216	
---	--	--	--

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 name of registered agent and date of application

(NOTE: Registered Agent signature required when reinstating)

DATE

C-15 1998

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
NAME	STREET ADDRESS	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP
CITY - ST - ZIP	JACKSONVILLE FL 32257	2.1 TITLE	2.2 NAME
NAME	STREET ADDRESS	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP
CITY - ST - ZIP	JACKSONVILLE FL 32257	3.1 TITLE	3.2 NAME
TITLE	NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP
NAME	STREET ADDRESS	4.1 TITLE	4.2 NAME
CITY - ST - ZIP	JACKSONVILLE FL 32257	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP
TITLE	NAME	5.1 TITLE	5.2 NAME
NAME	STREET ADDRESS	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP
CITY - ST - ZIP	JACKSONVILLE FL 32257	6.1 TITLE	6.2 NAME
TITLE	NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP
NAME	STREET ADDRESS	100002577461	
CITY - ST - ZIP	JACKSONVILLE FL 32257	-07/01/98-01046-042	
		***150.00	

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.

SIGNATURE:

Jesse E. Summes

04/30/98

904/396-1492

CR2E034 (10/97)