Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Not Applicable



FLORIDA DEPARTMENT OF STATE

Katherine Harris 🛴

Secretary of State

DIVISION OF CORPORATIONS

1999

DOCUMENT # P96000029353

SUMMIT ORCHESTRA & SINGERS, INC.

Principal Place of Business
1860 CLEARBROOKE DRIVE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

Mailing Address

2a. Mailing Address

Suite, Apt. #, etc.

City & State

26

27

CLEARWATER FL 34620
33760

12 CLEARWATER MALL STE 232 CLEARWATER FL 34624

33764

FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90107 039 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

5. Certificate of Status Desired

6. Election Campaign Financing

04/04/1996 4. FEI Number

59-3370499

23		[21	8}					Trust Fund Contribution		DeppA	to rees
Zip	Country		Zip		Country			8. This corporation owes th	e current year inte	ingible	
24	25	25	9	30				Personal Property Tax.		☐ Yes	□No
	9. Name and Addres	ss of Current Req	gistered Agent					10. Name and Address of	New Registered	\gent	
				,	81	Name	•				
DUFOUR, ROBERT A.						Stree	t Addres	ss (P.O. Box Number is Not A	ccentable)		
2108 CENTERVIEW CT S.					82	2000	LAUUIGE	55 (1 .O. DOX HUMBON IS HOLA	booptobic)		
CLE/	ARWATER FL 33759				83						
										(DE 71-	Code
					84	City			FL	85 Zip	Code
office or n	to the provisions of Secti egistered agent, or both, m familiar with, and acce	in the State of Flo	orida. Such chan	ge was autho	prized by	the cor	d corpor poration	ration submits this statement for submits the statement of directors. I hereby	or the purpose of accept the appoir	changing its	s registered egistered
SIGNATURE	Signature, typed or printed name	of registered agent and ti	itle if applicable	(NOTE: Rea	istered Agen	ıt signatura	required w	when reinstating)	DATE		
12.		FICERS AND DI		,	13.	-		ADDITIONS/CHANGES T	O OFFICERS AN	D DIRECT	ORS IN 12
TITLE	PSTD	<u></u>		ELETE	1.1 TITLE		1			☐ Change	☐ Addition
NAME	PRINGLE, WILLIAM H	4			1.2 NAME						
STREET ADDRESS					1.3 STREET	ADDRES	s				
CITY-ST-ZIP	CLEARWATER FL		33760		1.4 CITY-S1	t-ZIP					
TITLE	OCCUR.			ELETE	2.1 TITLE					☐ Change	Addition
NAME					2.2 NAME						
STREET ADDRESS					2.3 STREET	ADDRES	s				
CITY-ST-ZIP					2. 4 CITY-S	T-ZIP		ē			
TILE			<u>□</u> 0	ELETE	3.1 TITLE					☐ Change	Addition
NAME					3.2 NAME						
STREET ADDRESS					3.3 STREET	ADDRES	s				
CITY-ST-ZIP				'	3.4. CITY-S	T-ZIP					
TITLE			□ D	ELETE	4.1 TITLE					☐ Change	☐ Addition
NAME					4. 2 NAME						
STREET ADDRESS					4.3 STREET	ADDRES	s				
CITY-ST-ZIP					4.4 CITY-ST	T-ZIP			_		
TITLE		· T · · · ·	D	ELETE	5.1 TITLE					☐ Change	☐ Addition
NAME					5.2 NAME						
STREET ADDRESS	}				5.3 STREET	ADDRES	s				
CITY-ST-ZIP		<u> </u>			5.4 CITY-ST	T-ZIP					
TITLE			□ D	ELETE	6.1 TITLE					Change	☐ Addition
NAME					6.2 NAME						
STREET ADDRESS)			ì	6.3 STREET	ADDRES	s				
CITY-ST-ZIP					64 CIPY-S		≯				
14. I hereby o	certify that the information	1 supplied with this	s filing does not	quality for the	exempti	on stati	ed in Se	ction 119.07(3)(i), Florida Stat	tutes. I further cert	ify that the	information
indicated officer or	on this annual report or s director of the comoration	supplemental annu	ual report is true or trustee en pow	and accurate	and that	my sig	nature require	hall have the same legal effect of by Chapter 607, Florida Sta	ct as if made unde atutes; and that my	r oath; that y name apr	l am an ears in

SIGNATURE:

officer or director of the corp Block 12 or Block 13 if chan

IGNATURE AND TYPED OR PHINTED NAME OF MIGHING OF PICES OR DIRECTOR

Daytime Phone #

20E024 (41,08)