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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P97000011960 (6)

SUMMER'S DINING CO., INC.

## FILED Apr 13 1998 8:00am Secretary of State



Principal Plac	e of Business	Mailing Address					
18507 KELLY ROAD 18507 KELLY ROAD							
SPRING HILL FL 34610 SPRING HILL FL 34610				DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualified	- OF NOL	
					4		
9 Principal P	'lace of Business	2a. Mailing Address			01/28/1997 4. FEI Number		pplied For
- C		<u> </u>			59-3422549		
21   1					31-346 2379		ot Applicable Additional
22	27	#, <del>6</del> 10.		5. Certificate of Status Desired		equired	
City & Stat	Δ	City & State			Flastica Committee Financia	<del></del>	<del></del>
	OKSUME ALA	<u></u> ⊢¬ '			6. Election Campaign Financing Trust Fund Contribution		May Be to Fees
Zip Country		Zip Country		8. This corporation owes or has paid the			
24 Zip 4	610 25 PAJCO	29 30	¬ ´		Personal Property Tax due June 30.		No I
27	9. Name and Address of Curren		1		10. Name and Address of New Registere		
Ш			81	Name			
HIGHTOWER, JOHN R 18507 KELLY ROAD							
SPRING HILL FL 34610				Street Ad	Idress (P.O. Box Number is Not Acceptable)		]
51	AING HILL PL 340 IU		83				
							]
			84	City	F-	<b>85</b> Zip	Code
44 5	1. (For the part of the part o	0 - 1 CO7 41 00 Florida Chapatan	100000			<del></del>	to sociatore d
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.							
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.							
SIGNATURE Signature, typed or pealed name of registered agent and the if applicable (NOTE Registered Agent signature required when reinstating)  DATE							
12.	OF FICERS AND		13.	int signature rec	quireo when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A		28 INI 12
TITLE	D	DELETE	1.1 TITLE		ADDITIONS/CHANGES TO OFFICENS A	Change	Addition
NAME	HIGHTOWER, JOHN R		1.2 NAME				
STREET ADDRESS	18507 KELLY ROAD			ADODECC			
	SPRING HILL FL 34610	1.3 STREET ADDRESS 1.4 CITY - S1 - ZIP					
CITY-ST-ZIP TITLE	OF THIRD THEE TE 04010	DELETE	2.1 TITLE	01-715		Change	Addition
NAME		occare	2.2 NAME	1		C Onlange	TIOUX.ON
		:	2.3 STREET	4 DODECC			
STREET ADDRESS		•					
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			3.1 THE	1		CT Origings	L HOURSH
NAME PARETA LEGGEROS				ADDIDECO			
STREET ADDRESS			3.3 STREET				
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NAME			4. 2 NAME				1
STREET ADDRESS			4.3 STREET	i			}
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TITLE		[_] DELETE	5.1 TITLE	1		Change	L Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET	ADDRESS			
CITY-ST-Z#P			5.4 CITY - S	T-ZIP			
TITLE		☐ DELETE	6.1 TITLE			☐ Change	☐ Addition
NAME			6.2 NAME				ĺ
STREET ADDRESS			6.3 STREET	ADDRESS			ŀ
CITY-S1-2iP			6.4 CITY - S	T-ZIP			

14. 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 eath; 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.

CICNIATURE.