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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

DOCUMENT #

Principal Place of Business

-5000-OPRING HILL DRIVE-

P97000031777 (0)

Mailing Address

5090 SPRING HILL DRIVE

SUMMIT ENTERPRISES OF WEST FLORIDA, INC.

-OFRING HILL FL-04000 OPRING HILL FL 94606 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/03/1997 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 5388 Spring Hill Drive Suite, Apt. #, etc. 59-3439750 Not Applicable 13046 BALLLE WAY \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State 6. Election Campaign Financing **\$5.00** May Be Spring Hill 71 Bearleville Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible 415A Personal Property Tax due June 30. ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent A1 Name REGO. MICHAEL D 5390 SPRING HILL DRIVE Street Address (P.O. Box Number is Not Acceptable) **OPRING HILL FL-34606** GPRING HILL 83 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 agent, or both, in the State of Lorida. 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 (NOTL: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.1 TITLE アノロノコノフ FRANCIS, JAMES F 1.2 NAME KAME 13045 SADDLE WAY STREET ADDRESS 1.3 STREET ADDRESS **BROOKSVILLE FL 34614** CITY-ST-ZIP 1.4 CITY - ST - ZIP Addition Change TITLE STD DELETE 2.1 TITLE REGO. MICHAEL D 2.2 NAME NAME 1089 EDGEHILL AVENUE STREET ADDRESS 2.3 STREET ADDRESS **SPRING HILL FL 34606** 2. 4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change ☐ Addition 3.1 TITLE TITLE 3.2 NAME NAME

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 of 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 abuttagoneni with an address.

3.3 STREE1 ADDRESS

3.4. CITY-ST-ZIP

4.4 CITY - ST - ZIP

5.3 STREET ADDRESS 5.4 CITY - ST - ZIP

6.3 STREET ADDRESS

4.1 TITLE

4. 2 NAME 4.3 STREET ADDRESS

5.1 TITLE 5.2 NAME

6.1 TITLE

62 NAME

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STREET ADDRESS CITY-ST-ZIP

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CITY-ST-ZIP

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NAME Street address

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May 06 1998 8:00am

Secretary of State