## 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 # P9700050441 (9)

SUMMI	T CONTRACTORS OF TAMPA	A BAY, INCORPORATE	ED .		######################################
Principal Plac	e of Business	Mailing Address	·		EDIOL OLINI OLINI OIDII DIODI IILI IODI
10702 CARROLLWOOD DR. TAMPA FL 33618		10702 CARROLLWOOD DR. TAMPA FL 33618		DO NOT WRITE II	N THIS SPACE
				3. Date Incorporated or Qualified	11110011102
				06/06/1997	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3451956	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			\$8.75 Additional
22		27		6. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	<b>\$5.00</b> May Be
23		28		Trust Fund Contribution	Added to Fees
Z <sub>i</sub> ρ □	Country	Zip	Country	8. This corporation owes or has paid	<b>—</b> • — •
24	9. Name and Address of Current		30	Personal Property Tax due June 3  10. Name and Address of New Regi	
	- <del> </del>	negistered Agent	81 Name		
THORNTON, CLARENCE H JR				zune M. LaPort	
	10702 CARROLLWOOD DR.			ess P O. Box Number is Not Acceptable	od Dr.
TAN	MPA FL 33618		83	102 Carrolluso	oa vi ·
			03		
			84 City		FL 85 Zip Code 8
de D	10 to 10 contains a Contain COZ 01 00	and 007 1500. Fledda Over 10		anga.	FL 33618
office or n	to the provisions of Sections 607,0502 ogistered agent, or both, in the State o	and 607,1508, Florida Statute: If Florida. Such change was au	s, tne above-named corp uthorized by the corporati	oration submits this statement for the purion's board of directors. I hereby accept	rpose of changing its registered the appointment as registered
agent. La	m familiar with, and accept the obligat	ions of Section 607 0505, Flor	ida Statutes.		
SIGNATURE 4	not work	Pies.	Wayne M.	Laterie	3/29/98
12.	Signature, lyprid or printed name of registered agent OFFICERS AND		Registered Agent signature require 13.	ADDITIONS/CHANGES TO OFFICE	DS AND DIRECTORS IN 12
TITLE	DP OF THE PROPERTY OF THE PROP	DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OTFICE	Change Addition
NAME	LA PORTE, WAYNE M		1.2 NAME		Zi sinange Zi sinance
STREET ADDRESS	10702 CARROLLWOOD DR.		1.3 STREET ADDRESS		,
CITY-ST-ZIP	TAMPA FL 33618		1.4 CITY-ST-ZIP		
TITLE	DVST	DELETE	21 11/15		Change Addition
NAME	THORNTON, CLARENCE H JR	_	2.2 NAME		
STREET ADDRESS	10702 CARROLLWOOD DR.		2.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33618		2.4 CITY - ST - ZIP		· ·
TITLE		DELETE	3 1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CHY-ST-ZIP		
TITLE		DFLETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		į
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY - ST - ZIP			5.4 CHY - ST - ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			62 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
			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.

CIGNATURE, XM PAY M. CYOA

X Mark 29 1998 942.5414

**FILED** 

Apr 03 1998 8:00am

Secretary of State