## P97000067722

Summit Contractors Inc.

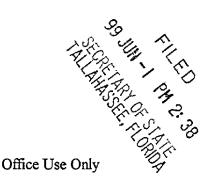
Requestor's Name

6877 Phillips Industrial Blod

Address

Jacksmertle J 32256

City/State/Zin Phone #



CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1		
	(Corporation Name) (Document	nt #)
2	(Corporation Name) (Document	nt #)
3	(Corporation Name) (Document	nt #)
4	(Corporation Name) (Document	nt #)
☐ Walk in		Certified Copy
☐ Mail out	Will wait Photocopy	Certificate of Status
NEW FILINGS	AMENDMENTS	
Profit	Amendment	2000028910121 -06/01/9901105007 *****175.00 ******35.00
NonProfit	Resignation of R.A., Officer/ Director	****175.00 *****35.80
Limited Liability	Change of Registered Agent	
Domestication	Dissolution/Withdrawal	

OTHER FILINGS	
Annual Report	
Fictitious Name	
Name Reservation	

Other

REGISTRATION/ QUALIFICATION
Foreign
Limited Partnership
Reinstatement
Trademark
Other

Merger

RA Chq.

V SHEPARD JUN 8

1999

Examiner's Initials

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508 OR 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1.	The name of the corporation is:	Summit Com	panies of Jackso	nville. Inc.					
2.	The mailing address of the corporation	ne mailing address of the corporation is : 6877 Phillips Industrial Blvd.  Jacksonville, FL 32256							
3.	Date of incorporation/qualification:_	07-31-97	Document n	ımber: <u>P9700006</u>	7722				
4.		e, MacDonald & St., Suite 3100		TALLA	FILED 2: 38				
5.	The name and address of the new reg Richard J. Lo 6877 Phillips Jacksonville,	ongo Industrial Blvd.		x not acceptable)	2: 38 PLORIDA				
chang	reet address of its registered office and ed, will be identical.  change was authorized by resolution du								
	board, Will Will	ry adopted by he		May 24, 1999					
_	ure of an officer, chairman or vice chairman President (Printed or typed name and title)	of the board)	-	(Date)					
hereby with t	g been named as registered agent and accept the appointment as registered he provisions of all statutes relative to ar with and accept the enligation of my	agent and agree o the proper and	to act in this ca l complete perf ered agent.	pacity. I further a ormance of my du	gree to comply				
		-	5	-21-99	_				
	(Signature of Registered Age	nt)	(Date	)					
If sign	ing on behalf of an entity:	4							
	Richard J. Longo Vi	ce President-	Chief Financ	iál Officer					
	(Typed or Printed Name)		(Capa	acity)	-				
	,	***FILING FEE	***						
CR2E	045(7/97)		•						

P.O. Box 6327

Tallahassee, FL 32314

**Division of Corporations**