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**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

1. Corporation Name

DOCUMENT # P98000091217

CUMMINGS ENTERPRISES OF VOLUSIA, INC.

38

## **FILED** Mar 03, 1999 8:00 am Secretary of State 03-03-1999 90118 003 \*\*\*150.00



	e of Business	Mailing Address						
90 TURTLE CREEK DRIVE #B-1			3890 TURTLE CREEK DRIVE #8-1					
ORT ORANGE	=	PORT ORANGE FL 32127			DO NOT I	IDITE IN TURE	SDACE	
						IRITE IN THIS	SPACE	
					3. Date Incorporated or Qualifo	eu		
		a Marillan Address			10/20/1998 4. FEI Number	<del></del> -	7 1 4	pplied For
- '	Place of Business	2a. Mailing Address		Da	59-35397	'9D	<u> </u>	ot Applicable
Suite, Apt.		nue 26 1340 Fair Suite, Apt. #, etc.	مام	y the	<del>-                                     </del>		<del></del>	Additional
Juite, Apt.	#, etc.	27	•		5. Certifcate of Status Desired	1 []		equired
City & State		City & State			6. Election Campaign Financir	na -	\$5.00	May Be
- ^	and Beach FL	28 Ormand	Rea	on FI	Trust Fund Contribution	"y 🔲	•	to Fees
Zip	Country	Zip	Cour	itry 1	8. This corporation owes the o	current year Int	tangible	
32	174 25 USA	29 30174	30 (	is <del>a</del>	Personal Property Tax.		☐Yes	No
	· · · · · · · · · · · · · · · · · · ·	Current Registered Agent			10. Name and Address of New	w Registered	Agent	
				81 Name				
FRIE	BIS, DANIEL S		}	82 Street Ad-	dress (P.O. Box Number is Not Acce	entable)		.——
3890	) TURTLE CREEK DRIVE #	B-1	84		GIGGO (F.O. DON HAIMON IS NOT ACCO	is not notephanto)		
POR	T ORANGE FL 32127		Ì	83				
				OAL City			95 7in	Code
			1	84 City		FL	-   85   Zip	554B
office or r	to the provisions of Sections 6 registered agent, or both, in the	607.0502 and 607.1508, Florida Statute e State of Florida. Such change was au	uthorized	by the corpora	rporation submits this statement for tition's board of directors. I hereby ac	the purpose of cept the appoi	changing its intment as re	s registered egistered
		e obligations of, section 607.0505, Flor	าดล อเลเน	tes.				
CONATURE	(3)	e obligations of, Section 607.0303, Flor	nua Statu	tes.				
SIGNATURE	Signature, typed or printed name of regis			tes.	uired when reinstating)	DATE		
SIGNATURE	Signature, typed or printed name of regis	stered agent and title if applicable. (NOTE:		tes.	ired when reinstating)  ADDITIONS/CHANGES TO			
	Signature, typed or printed name of regis	stered agent and title if applicable. (NOTE:	Registered /	tes. Agent signature requ			ND DIRECT	
12.	Signature, typed or printed name of regis	stered agent and title if applicable. (NOTE: ERS AND DIRECTORS	Registered /	Agent signature requ				
I <b>2.</b>	Signature, typed or printed name of regis OFFICE D CUMMINGS, COURTNEY	stered agent and little if applicable. (NOTE:  ERS AND DIRECTORS  DELETE	13. 1.1 TITI 1.2 NA	Agent signature requ				
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IZ. ITLE IAME TREET ADDRESS	Signature, typed or printed name of regis OFFICE D CUMMINGS, COURTNEY 1340 FAIRWAY AVENUE	istered agent and title if applicable. (NOTE:  ERS AND DIRECTORS  DELETE	13. 1.1 TITI 1.2 NAI 1.3 STI	Agent signature requ  LE  ME  REET ADDRESS  Y · ST. ZIP				Addition
IZ.  ITLE  IAME  TREET ADDRESS  ITY-ST-ZIP	Signature, typed or printed name of regis OFFICE D CUMMINGS, COURTNEY 1340 FAIRWAY AVENUE ORMOND BEACH FL 32	istered agent and title if applicable. (NOTE:  ERS AND DIRECTORS  DELETE  DELETE	13. 1.1 TITI 1.2 NAI 1.3 STI 1.4 CIT	Agent signature required.  LE  ME  REET ADDRESS  Y- ST. ZIP  LE			☐ Change	Addition
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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 appropriate the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appropriate the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appropriate the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appropriate the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appropriate the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appropriate the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appropriate the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appropriate the corporation of the receiver of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and the corporation of the receiver of the corporation of the receiver of the rece

SIGNATURE:

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR