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Feb 05 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V06785 (2)
1. Corporation Name
SUMMIT HOLDING CORPORATION



Principal Place of Business: 2310 A TO Z PARK RD. LAKELAND FL 33801
Mailing Address: 2310 A TO Z PARK RD. LAKELAND FL 33801

3. Date Incorporated or Qualified: 01/15/1992
3a. Date of Last Report: 03/12/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3107347	Not Applicable
Suite, Apt #, etc		Suite, Apt #, etc.		5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22		27		6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State		City & State		8. This corporation has liability for Intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
23	28	29	30		
Zip	Country	Zip	Country		
24	25	29	30		

9. Name and Address of Current Registered Agent

BULL, WILLIAM B.
2310 A TO Z PARK RD.
LAKELAND FL 33801

10. Name and Address of New Registered Agent

B1	Name
B2	Street Address (P.O. Box Number is Not Acceptable)
B3	
B4	City
B5	Zip Code

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.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D BRANCH, GREG C	1.1 TITLE	D Robert Siegel
NAME	335 NE WATULA AVE	1.2 NAME	7400 N.W. 30th Avenue
STREET ADDRESS	OCALA FL 34470	1.3 STREET ADDRESS	Miami, FL 33147
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	D DOCKERY, C C	2.1 TITLE	S Thomas L. Clarke, Jr.
NAME	2026 CRYSTAL WOOD DR	2.2 NAME	2310 A-Z Park Road
STREET ADDRESS	LAKELAND FL 33801	2.3 STREET ADDRESS	Lakeland, FL 33801
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	D BULL, WILLIAM	3.1 TITLE	P/D William B. Bull
NAME	2310 A TO Z PARK RD	3.2 NAME	2310 A-Z Park Road
STREET ADDRESS	LAKELAND FL	3.3 STREET ADDRESS	Lakeland, FL 33801
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D GRAY, JOHN A	4.1 TITLE	V/T Russell L. Wall
NAME	1229 LUCAS ST.	4.2 NAME	2310 A-Z Park Road
STREET ADDRESS	LEESBURG FL 34748	4.3 STREET ADDRESS	Lakeland, FL 33801
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D NOOJIN, ROBERT L SR	5.1 TITLE	
NAME	1301 N. 13TH ST.	5.2 NAME	
STREET ADDRESS	TAMPA FL 33605	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	D PETCOFF, THOMAS S	6.1 TITLE	
NAME	1820 S. FLORIDA AVE.	6.2 NAME	
STREET ADDRESS	LAKELAND FL 33803	6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 alternate report with an address.

SIGNATURE: *William B. Bull* William B. Bull 1-31-97 941-665-6060
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)