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FILED

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

**21** Suite, Apt. #, etc.

**26** Suite, Apt. #, etc.

**22** City & State

**27** City & State

**23** Zip Country  
**24** **25**

**28** Zip Country  
**29** **30**

4. FEI Number

**59-3107347**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes ☐ No

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

**81** Name

**82** Street Address (P.O. Box Number is Not Acceptable)

**83**

**84** City

**FL**

**85** 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE  
NAME **BRANCH, GREG C**  
STREET ADDRESS **335 NE WATULA AVE**  
CITY-ST-ZIP **OCALA FL 34470**

TITLE **D** ☐ DELETE  
NAME **DOCKERY, C C**  
STREET ADDRESS **2026 CRYSTAL WOOD DR**  
CITY-ST-ZIP **LAKELAND FL 33801**

TITLE **D** ☐ DELETE  
NAME **BULL, WILLIAM**  
STREET ADDRESS **2310 A TO Z PARK RD**  
CITY-ST-ZIP **LAKELAND FL**

TITLE **D** ☐ DELETE  
NAME **GRAY, JOHN A**  
STREET ADDRESS **1229 LUCAS ST.**  
CITY-ST-ZIP **LEESBURG FL 34748**

TITLE **D** ☐ DELETE  
NAME **NOOJIN, ROBERT L SR**  
STREET ADDRESS **1301 N. 13TH ST.**  
CITY-ST-ZIP **TAMPA FL 33605**

TITLE **D** ☐ DELETE  
NAME **PETCOFF, THOMAS S**  
STREET ADDRESS **1820 S. FLORIDA AVE.**  
CITY-ST-ZIP **LAKELAND FL 33803**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** ☐ Change ☒ Addition  
1.2 NAME **Robert Siegel**  
1.3 STREET ADDRESS **7400 N.W. 30th Avenue**  
1.4 CITY-ST-ZIP **Miami, FL 33147**

2.1 TITLE **S** ☐ Change ☒ Addition  
2.2 NAME **Thomas L. Clarke, Jr.**  
2.3 STREET ADDRESS **2310 A-Z Park Road**  
2.4 CITY-ST-ZIP **Lakeland, FL 33801**

3.1 TITLE **P/D** ☒ Change ☐ Addition  
3.2 NAME **William B. Bull**  
3.3 STREET ADDRESS **2310 A-Z Park Road**  
3.4 CITY-ST-ZIP **Lakeland, FL 33801**

4.1 TITLE **V/T** ☐ Change ☒ Addition  
4.2 NAME **Russell L. Wall**  
4.3 STREET ADDRESS **2310 A-Z Park Road**  
4.4 CITY-ST-ZIP **Lakeland, FL 33801**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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 attached report with an address.

SIGNATURE:

*William B. Bull*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**William B. Bull 1-31-97**

**941-665-6060**

Date

Daytime Phone #

CR2E034 (9/96)