

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Feb 17 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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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**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>01/15/1992</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>59-3107347</b>	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>BULL, WILLIAM 2310 A TO Z PARK RD. LAKELAND FL 33801</b>		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	
		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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BRANCH, GREG C</b>	1.2 NAME	<b>Siegel, Robert</b>
STREET ADDRESS	<b>335 NE WATULA AVE</b>	1.3 STREET ADDRESS	<b>7400 N.W. 30th Avenue</b>
CITY-ST-ZIP	<b>OCALA FL 34470</b>	1.4 CITY-ST-ZIP	<b>Miami, FL 33147</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>DOCKERY, C C</b>	2.2 NAME	<b>Wall, Russell L.</b>
STREET ADDRESS	<b>2026 CRYSTAL WOOD DR</b>	2.3 STREET ADDRESS	<b>2310 A-Z Park Road</b>
CITY-ST-ZIP	<b>LAKELAND FL 33801</b>	2.4 CITY-ST-ZIP	<b>Lakeland, FL 33801</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BULL, WILLIAM</b>	3.2 NAME	<b>Bull, William B.</b>
STREET ADDRESS	<b>2310 A TO Z PARK RD</b>	3.3 STREET ADDRESS	<b>2310 A-Z Park Road</b>
CITY-ST-ZIP	<b>LAKELAND FL</b>	3.4 CITY-ST-ZIP	<b>Lakeland, FL 33801</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>GRAY, JOHN A</b>	4.2 NAME	<b>Clarke, Thomas L., Jr.</b>
STREET ADDRESS	<b>1229 LUCAS ST.</b>	4.3 STREET ADDRESS	<b>2310 A-Z Park Road</b>
CITY-ST-ZIP	<b>LEESBURG FL 34748</b>	4.4 CITY-ST-ZIP	<b>Lakeland, FL 33801</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NOOJIN, ROBERT L SR</b>	5.2 NAME	
STREET ADDRESS	<b>1301 N. 13TH ST.</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMPA FL 33805</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PETCOFF, THOMAS S</b>	6.2 NAME	
STREET ADDRESS	<b>1820 S. FLORIDA AVE.</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LAKELAND FL 33803</b>	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.

SIGNATURE \_\_\_\_\_ William B. Bull 2-27-98 941-665-6060

CR2E034 (10/97)