

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V06997** (3)

1. Corporation Name

SOMMERS BLUE RIBBON ENTERPRISES, INC.



Principal Place of Business

**1615 CLEARWATER-LARGO RD.
CLEARWATER FL 34616
US**

Mailing Address

**1615 CLEARWATER-LARGO R.
CLEARWATER FL 34616
US**

3. Date Incorporated or Qualified
01/15/1992

3a. Date of Last Report
07/14/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
59-3101865

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SCHRECKER, ED
7575 ULMERTON RD
SUITE B
LARGO FL 34641**

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 the date

(If Not Registered Agent Signature, then not what is required)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **P SOMMERS, JAMES M**
STREET ADDRESS **1540 VALENCIA ST**
CITY-ST-ZIP **CLEARWATER FL 34616**

TITLE ☐ DELETE
NAME **V KILLINGER, RICHARD**
STREET ADDRESS **5700 61 ST N**
CITY-ST-ZIP **ST PETERSBURG FL 33709**

TITLE ☒ DELETE
NAME **T BOX, TIMOTHY**
STREET ADDRESS **8034 DOVE HILL LN**
CITY-ST-ZIP **SEMINOLE FL 34643**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME **David V lezquez**
2.3 STREET ADDRESS **226 Saturn Ave N**
2.4 CITY-ST-ZIP **Clearwater FL 34605**

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME **Richard McGurdy**
3.3 STREET ADDRESS **1201 Seminole Blvd**
3.4 CITY-ST-ZIP **Largo FL 34640**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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, unchanged, or on an attachment with an address.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

14-20-86

18135830097

DATE

DAY/DATE/PHONE NO.

CR2E034 (12/95)