FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 10:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V37230** **(2)**

1. Corporation Name
SUMMIT RACK SYSTEMS, INC.

Principal Place of Business	Mailing Address
4019 CENTRAL AVE. ST. PETERSBURG FL 33713	4019 CENTRAL AVE. ST. PETERSBURG FL 33713

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/15/1992
3a. Date of Last Report: 10/05/1994

2. Principal Place of Business	2a. Mailing Address	4. FEI Number: 59-3124802 ☐ Applied For ☐ Not Applicable
21 8100 PARK BOULEVARD	26 8100 PARK BOULEVARD	
Suite, Apt. #, etc. 22 BLDG. A STE. 46	Suite, Apt. #, etc. 27 BLDG. A SUITE 46	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State 23 PINELLAS PARK, FL	City & State 28 PINELLAS PARK, FL	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip / County 24 34665-3778 / 25 USA	Zip / County 29 34665-3778 / 30 USA	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

NIXON AND NIXON
25 DAVIS BLVD.
TAMPA FL 33606

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 _____ (DATE) _____
(Signature of new registered agent, if changing) (Registered agent signature required when changing) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST	11 TITLE	☐ Change ☐ Addition
NAME	LAWTON, EDWIN L	12 NAME	
STREET ADDRESS	2322 VILLAGE GREEN BLVD.	13 STREET ADDRESS	
CITY ST ZIP	PLANT CITY FL	14 CITY ST ZIP	
TITLE	VP	21 TITLE	VP ☐ Change ☐ Addition
NAME	WRIGHT, STEPHEN	22 NAME	WRIGHT, STEPHEN
STREET ADDRESS	4019 CENTRAL AVE	23 STREET ADDRESS	8100 PARK BOULEVARD BLDG. A SUITE 46
CITY ST ZIP	ST. PETERSBURG FL	24 CITY ST ZIP	PINELLAS PARK, FL 34665-3778
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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)(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 added to the report.

SIGNATURE: _____ 4-25-95 (813) 549-8847
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Telephone Number
STEPHEN K. WRIGHT

0300781 CP