

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000076496

Entity Name: SUMMIT CONTRACTORS GROUP, INC.**Current Principal Place of Business:**1000 RIVERSIDE AVENUE, SUITE 800
JACKSONVILLE, FL 32204**Current Mailing Address:**1000 RIVERSIDE AVENUE, SUITE 800
JACKSONVILLE, FL 32204**FEI Number:** 20-2903389**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**PADGETT, MARC
1000 RIVERSIDE AVENUE, SUITE 800
JACKSONVILLE, FL 32204 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PD
Name	FLECKENSTEIN, ROBERT L
Address	1000 RIVERSIDE AVENUE, SUITE 800
City-State-Zip:	JACKSONVILLE FL 32204

Title	D
Name	PADGETT, MICHAEL M
Address	1000 RIVERSIDE AVENUE, SUITE 800
City-State-Zip:	JACKSONVILLE FL 32204

Title	VP
Name	CORNELIUS, BERNARD R
Address	1000 RIVERSIDE AVENUE, SUITE 800
City-State-Zip:	JACKSONVILLE FL 32204

Title	VP
Name	DAVENPORT, HUGH M
Address	1000 RIVERSIDE AVENUE, SUITE 800
City-State-Zip:	JACKSONVILLE FL 32204

Title	SCAO
Name	PADGETT, NICOLE S
Address	1000 RIVERSIDE AVENUE, SUITE 800
City-State-Zip:	JACKSONVILLE FL 32204

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: BERNARD CORNELIUS

VP

01/07/2016

Electronic Signature of Signing Officer/Director Detail_____
Date