

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 # **G83598 (4)**
1. Corporation Name
T.A. CUMMINGS CONSTRUCTION CORPORATION



Principal Place of Business: **224 WESTGATE ROAD, TARPON SPRINGS FL 34689**
Mailing Address: **224 WESTGATE ROAD, TARPON SPRINGS FL 34689**

2. Principal Place of Business (21-24)
2a. Mailing Address (25-29)
22. Suite, Apt. #, etc.
23. City & State
24. Zip
25. Country

3. Date Incorporated or Qualified: **02/02/1984**
3a. Date of Last Report: **04/07/1995**
4. FEI Number: **59-2369230**
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
**CUMMINGS, TIMOTHY A.
224 WESTGATE RD.
TARPON SPRINGS FL 34689**

10. Name and Address of New Registered Agent (81-85)
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: _____ DATE: _____

12. OFFICERS AND DIRECTORS
TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP
1. DP CUMMINGS, TIMOTHY A. 224 WESTGATE RD. TARPON SPGS. FL
2. DTS CUMMINGS, LYNDA C. 224 WESTGATE RD. TARPON SPGS. FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1-12. TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP
14. 200001818782
-05/13/96--01055--020
***2000.00

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)(k), 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, the receiver or trustee or person in possession or control of the corporation, or the person authorized 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: *Timothy A. Cummings* **Timothy A. Cummings** April 8, 1996 (813) 938-1659
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE AND PHONE NUMBER

CR2E034 (12/95)