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APPROVED AND FILED

95 MAY 10 AM 10:35

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **H20924** (7)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name
SULLIVAN ADVERTISING GROUP, INC.

Principal Place of Business
**13160 56TH COURT, STE 501
CLEARWATER FL 34620**

Mailing Address
**13160 56TH COURT, STE 501
CLEARWATER FL 34620**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified **09/13/1984** 3a. Date of Last Report **04/22/1994**

4. FEI Number **59-2483897** Applied For Not Applicable

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 § 199 (32) Florida Statutes Yes No

2. Principal Place of Business

2a. Mailing Address

22 State App # 22

27 State App # 27

23 City & State

26 City & State

24 Zip

25 County

29 Zip

30 County

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SULLIVAN, JOHN P.
2970 EAGLE TRAIL
CLEARWATER FL 34621**

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5

Zip Code

11. Pursuant to the provisions of Sections 607 (250) and 607 (250), 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 (250), Florida Statutes.

SIGNATURE

Signature of Officer or Director (Type name of officer or director)

Signature of Registered Agent (Type name of registered agent, the state)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

12.1 NAME	PD SULLIVAN, JOHN P. 2970 EAGLE TRAIL CLEARWATER FL
12.2 STREET ADDRESS	VSTD SULLIVAN, KAREN ANN 2970 EAGLE TRAIL CLEARWATER FL
12.3 CITY & STATE	D DAY, BETH F 745 88TH AVE. NORTH ST PETERSBURG FL
12.4 NAME	
12.5 STREET ADDRESS	
12.6 CITY & STATE	
12.7 NAME	
12.8 STREET ADDRESS	
12.9 CITY & STATE	

13.1 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.3 CITY & STATE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
13.4 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.5 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.6 CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.7 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.8 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.9 CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

DELETE

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 199 (2)(3)(b), Florida Statutes. Further, I 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 of this report, or in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John P. Sullivan

5-4-95

813-573-7885