

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Mar 14, 1999 8:00 am**  
**Secretary of State**

03-14-1999 90002 044 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P98000038879**

1. Corporation Name  
**DAN SULLIVAN AND ASSOCIATES, INC.**  
*CONSULT I.T., INC.*



Principal Place of Business: **3818 WEST AZEELE STREET TAMPA FL 33609**  
 Mailing Address: **POST OFFICE BOX 3024 SEMINOLE FL 33775-3024**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/29/1998**

4. FEI Number: **59-3508959**

5. Certificate of Status Desired:  Applied For,  Not Applicable

6. Election Campaign Financing:  **\$8.75** Additional Fee Required,  **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax:  Yes,  No

2. Principal Place of Business

21. **1800 Ironwood Ct. W.**

22. Suite, Apt. #, etc.

23. City & State: **Oldsmar, FL**

24. Zip: **34677**

25. Country

26. Mailing Address: **1800 Ironwood Ct. W.**

27. Suite, Apt. #, etc.

28. City & State: **Oldsmar, FL**

29. Zip: **34677**

30. Country

9. Name and Address of Current Registered Agent

**SULLIVAN, ALLYSON R**  
**13822 BREWSTER DRIVE**  
**LARGO FL 33774**

10. Name and Address of New Registered Agent

81. Name: **Same**

82. Street Address (P.O. Box Number is Not Acceptable): **1800 Ironwood Ct. W.**

83.

84. City: **Oldsmar**

85. Zip Code: **FL 34677**

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: *Allyson R. Sullivan, President* DATE: **3/10/99**

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>HAMEL, JOHN R</b>	
STREET ADDRESS	<b>3818 WEST AZEELE STREET</b>	
CITY-ST-ZIP	<b>TAMPA FL 33609</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>President &amp; Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Allyson R. Sullivan</b>	
1.3 STREET ADDRESS	<b>1800 Ironwood Ct. W.</b>	
1.4 CITY-ST-ZIP	<b>Oldsmar, FL 34677</b>	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Allyson R. Sullivan* **RED** DATE: **3/10/99** DAYTIME PHONE #: **(727) 422-2194**

CR2E034 (11/98)