FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **280015** **(9)**

1. Corporation Name
M. C. SULLIVAN INC.

Principal Place of Business	Mailing Address
716 SOUTH REEDY BOULEVARD FROSTPROOF FL 33843	716 SOUTH REEDY BOULEVARD FROSTPROOF FL 33843

3. Date Incorporated or Qualified: **04/01/1964**
3a. Date of Last Report: **08/10/1995**

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

4. FEI Number: **59-1038541** ☐ 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 s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SULLIVAN, JAMES L.
109 N. SEENIC HIGHWAY
FROSTPROOF FL 33843

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: James L. Sullivan JS — 4/10/96

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	SULLIVAN,M C		12 NAME	
STREET ADDRESS	716 LAKE REEDY BLVD.		13 STREET ADDRESS	
CITY-ST-ZIP	FROSTPROOF FL		14 CITY-ST-ZIP	
TITLE	SD	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	SULLIVAN,GRACE E		22 NAME	
STREET ADDRESS	716 LAKE REEDY BLVD.		23 STREET ADDRESS	
CITY-ST-ZIP	FROSTPROOF FL		24 CITY-ST-ZIP	
TITLE	D	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	SULLIVAN, ROBERT G.		32 NAME	
STREET ADDRESS	716 S. LAKE REEDY		33 STREET ADDRESS	
CITY-ST-ZIP	FROSTPROOF FL		34 CITY-ST-ZIP	
TITLE	V	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME	SULLIVAN, JAMES L.		42 NAME	
STREET ADDRESS	109 N SCENIC HWY		43 STREET ADDRESS	
CITY-ST-ZIP	FROSTPROOF FL		44 CITY-ST-ZIP	
TITLE	D	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME	SULLIVAN, MATTHEW		52 NAME	
STREET ADDRESS	604 E WINTHROP		53 STREET ADDRESS	
CITY-ST-ZIP	AVON PARK FL		54 CITY-ST-ZIP	
TITLE	D	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME	SULLIVAN, ALLEN		62 NAME	
STREET ADDRESS	294 LAKE AVE S.		63 STREET ADDRESS	
CITY-ST-ZIP	FROSTPROOF FL		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is complete, that I am aware 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, above or on an attachment with an address.

SIGNATURE: James L. Sullivan — 4/10/96 — 941 635-2593
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

CR2E034 (12/95)