

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 01, 1999 8:00 am
Secretary of State

04-01-1999 90041 017 ***150.00

DOCUMENT # 280015

1. Corporation Name
M. C. SULLIVAN INC.

Principal Place of Business

109 N. SCENIC HWY.
FROSTPROOF FL 33843
US

Mailing Address

109 N. SCENIC HWY
FROSTPROOF FL 33843
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/01/1964

4. FEI Number

59-1038541

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing

☐ \$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 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

SULLIVAN, JAMES L.
109 N. SCENIC 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 - SECRETARY

(NOTE: Registered Agent signature required when reinstating)

DATE

3/30/99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME SULLIVAN, M C
STREET ADDRESS 716 LAKE REEDY BLVD.
CITY-ST-ZIP FROSTPROOF FL

TITLE ☐ DELETE

NAME SULLIVAN, GRACE E
STREET ADDRESS 716 LAKE REEDY BLVD.
CITY-ST-ZIP FROSTPROOF FL

TITLE ☐ DELETE

NAME SULLIVAN, ROBERT G.
STREET ADDRESS 716 S. LAKE REEDY
CITY-ST-ZIP FROSTPROOF FL

TITLE ☐ DELETE

NAME SULLIVAN, JAMES L.
STREET ADDRESS 109 N SCENIC HWY
CITY-ST-ZIP FROSTPROOF FL

TITLE ☐ DELETE

NAME SULLIVAN, MATTHEW
STREET ADDRESS 604 E WINTHROP
CITY-ST-ZIP AVON PARK FL

TITLE ☐ DELETE

NAME SULLIVAN, ALLEN
STREET ADDRESS 294 LAKE AVE S.
CITY-ST-ZIP FROSTPROOF FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 any attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/30/99 94625-2513

0436162

CR25024 (11/98)