

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 13 AM 9:00

DOCUMENT # 348414

(4)

1. Corporation Name

ROBERT E. SULLIVAN INC.

Principal Place of Business

1108 S ORANGE BLOSSOM TRAIL
ORLANDO FL 32805

Mailing Address

1108 S ORANGE BLOSSOM TRAIL
ORLANDO FL 32805

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/24/1969

3a. Date of Last Report

04/06/1994

2. Principal Place of Business

21

Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

4. FEI Number

59-1265725

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. The corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

City & State

23

City & State

28

Zip

Country

24

Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SULLIVAN, ROBERT L.
7024 LAKE WILLIS DRIVE
ORLANDO FL 32821

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 607.0502 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

Signature typed in printed name of registered agent and title of corporation

(NOTE: Registered Agent signature required when not dated)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

P

SULLIVAN, ROBERT E
30135 S ROUND LAKE ROAD
MT. DORA FL

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY, ST, ZIP

Delete From Record
no longer pres. or part of this
corp. in any way.

☒ Change

☐ Addition

2. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

ST

SULLIVAN, OLLIVENE M
30135 S ROUND LAKE ROAD
MT. DORA FL

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY, ST, ZIP

Delete From Record
no longer S.T. or part of this
corp. in any way.

☒ Change

☐ Addition

3. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

V

SULLIVAN, ROBERT L
7024 LAKE WILLIS DR
ORLANDO FL

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, ST, ZIP

P,
Everything Else is the same

☒ Change

☐ Addition

4. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

V

SULLIVAN, STEPHEN E
5509 PINE SHADE COURT
ORLANDO FL

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY, ST, ZIP

V/S/T
Everything Else is the same

☐ Change

☒ Addition

5. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY, ST, ZIP

☐ Change

☐ Addition

6. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY, ST, ZIP

☐ Change

☐ Addition

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 190.03(2)(b), 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 its registered agent or have been empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 14 of this report, or on an amendment with jurisdiction.

SIGNATURE:

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/95

407-843-2974