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

PROFIT **CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 460604

(2)

A. J. SULLIVAN OF FLORIDA, INC.

FILED	
Mar 26 1998 8:00am	1
Secretary of State	

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						-!				
Principal Pla	ce of Business	Mailing Address	s							
N.W. AVENUE L BOX 480 BELLE GLADE FL 33430-0460		N.W. AVENUE L BOX 460 Belle Glade Fl 33430-0460				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified				
						09/04/1974				
2. Principal	Place of Business	2a, Mailing Add	Iress			4, FEI Number Applied For				
21		26				59-1559114 Not Applicable				
Suite, Apt. #, etc.		Suite, Apt #	l, etc.			5. Certificate of Status Desired S8.75 Additional Fee Required				
City & Sta	ale	City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Zip 24	Country 25	Z(p	├ ─┐ '			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No				
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent				
DI	UFF, GENE			81	Name					
227 NW AVENUE L Belle Glade Fl 33430			B2 Street Addre			fress (P.O. Box Number is Not Acceptable)				
	CARE OF RE 1 C 00100			83						
				84	City	FL 85 Zip Code				
11. Pursuani	I to the provisions of Sections 607.	0502 and 607.1508, Flori	ida Statutes, the a	11	<u> </u>	FL 85 Zip Code pration submits this statement for the purpose of changing its regist				

agoni. ra	in termilar with, and accept the obligations of, or	00000,110	noa Statutes.					
SIGNATURE	Signature, typed or printed name of registered agent and filled ap-	opicable (NOTE	Registered Agent signature	a required when reinst	ating)		OATE	
12.	OFFICERS AND DIRECTO	·	13.			TO OFFICER	S AND DIRECTOR	IS IN 12
TITLE	\$D	DELETE	1.1 TITLE	5 D			Change	Additio
NAME	HUNDLEY, JOHN		1.2 NOME	JOHN	HUNDLE 80 GCADE,	- y	-	
STREET ADDRESS	327 KISMET		1.3 STHEET ADDRESS	ST. PD.	80	·		
CITY-ST-ZIP	PAHOKEE, FL 00000		1.4 CITY - ST - ZIP	BELLE	GCADE.	FL	33431	9
TITLE	PD	DELETE	2.1 TITLE				☐ Change	Additio
NAME	SCHLECHTER, JOHN		2.2 NAME					
STREET ADDRESS	1900 16TH ST		2.3 STREET ADDRESS					
CITY-ST-ZIP	BELLE GLADE, FL 00000		2. 4 CITY-ST-ZIP]				
TITLE	AS	DELETE	3.1 TITLE	i			Change	Additio
NAME	DUFF, GENE		3.2 NAME					
STREET ADDRESS	232 ROYAL PALM WAY		3.3 STREET ADDRESS	1				
CITY-ST-ZIP	BELLE GLADE, FL 00000		3.4. CITY-ST-ZIP	İ				
TITLE		DELETE	4.1 TITLE				Change	Additio
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREET ADDRESS					
CITY-ST-ZIP			4.4 CITY-ST-ZIP					
TITLE		DELETE	5.1 TITLE				Change	Additio
NAME			5.2 NAME					
STREET ADDRESS			5 3 STREET ADDRESS					
CITY-ST-ZIP			5.4 CITY-ST-ZIP	1				
TITLE		DELETE	6.1 TITLE				Change	Additio
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREET ADDRESS	}				
CITY - ST - ZIP			64 CITY - ST - 7IP	ľ				

14. Thereby 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 poceiver or trusted 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.

SIGNATURE: