## **FILED** Jul 04, 2002 8:00 am

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1. Entity Nar		# 62754 & COMPANY, INC	_	<b>.</b>	ત		Secretary 07-04-2002 90547			e
Principal Pla	ce of Busines	ss	Mailing Address							
1616 ELEVENTH AVE 1616 ELEVENTH AVE										
sebring fl	33875		Sebring Fl 33875			-				
2. Principal I	Place of Busin	ness	3. Mailing Address				I #EDITO BYTTA (INTT FORME UTILL OFFUR ITHE OPAIT EXAMELE		Jāli eidji idei	
Suite, Apt	. #, etc.	<u>-</u>	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
City & Sta	te		City & State			4. F	FEI Number 59-1934440 Applied For Not Applied			
Zip Country			Zip Country		ntry	<b>5.</b> C	5. Certificate of Status Desired See Required \$8.75 Additional			7
		and Address of Current				7. N	isme and Address of New Registered Age	nt		<u> </u>
CIRLOVAN LEG T					- Name	<del> </del>		<del></del>		·
SULLIVAN, LEO T 1616 ELEVENTH AVE					Street Address (P.O. Box Number is Not Acceptable)					
										4
SEBRING	FL 338/5				L				•	1
					City		FL	Zip Cod	e	1
8. The above	named entity	v submits this statement fo	r the ournose of changing it	e ronistor	d office ov re	gistared age	ent, or both, in the State of Florida.			┨
		, obs. into the operation ( )	, wie berbeec or origing it	o logister	ou onice of re	gistored age	ent, or both, at the State of Fiorida.			
.SIGNATURE .										1
مر(	Signature, typed	or printed name of registered agent (	and title if applicable. (NO	TE: Registere	d Agent signature a	equired when rei	instating) DATE			
9. This corpo	oration is eligi	ble to satisfy its Intangible	FILE NOW	!!! FEE	IS \$150.00		40 51-18-10-18-18-18-18-18-18-18-18-18-18-18-18-18-		_	7
Y Tax filing requirement and elects to do so.  (See criteria on back)				After May 1, 2002 Fee will be \$550.00			Election Campaign Financing     Trust Fund Contribution.	\$5.0	O May Be to Fees	
(See crite	ria on back)		Make Check Paya	ble to De	partment o	f State		71000	110 1 000	1
11.	10	OFFICERS AND		12.		ADI	DITIONS/CHANGES TO OFFICERS AND DIF	ECTORS	S IN 11	]_
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NAME STREET ADDRESS		ENTH AVENUE		NAM						60
CITY-ST-ZIP	SEBRING I				ET ADDRESS -ST-ZIP					l Si
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NAME			□ Delete	NAME			U	Change	☐ Addition	0
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CITY-ST-ZIP					ST-ZIP					
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NAME						<del></del>				-
STREET ADDRESS* City-St-Zip		s. sela mente acrim magge	A STATE OF THE PARTY OF THE PAR		ET ADDRESS -		Andrew Commence of the Commenc	•	• :- ·- ·	7 **
	1	·····		_	ST-ZIP					
TITLE			☐ Defete	TITLE	- 1			Change	☐ Addition	

CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes! I further certify that the information indicated on this report or suppliemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

NAME

TITLE

NAME

NAME

STREET ADDRESS

STREET ADORESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

**SIGNATURE:** 

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Delete

Des Leo T. Sullivan

☐ Change

Change

☐ Addition

Addition