

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **685951** (6)
1. Corporation Name:

SULLIVAN GENERAL CONTRACTING CO.



Principal Place of Business: **230 DEER COVE LN LUTZ FL 33549**
Mailing Address: **230 DEER COVE LN LUTZ FL 33549**

2. Principal Place of Business: **#2727 FLETCHER AVE.**
2a. Mailing Address: **#2727 FLETCHER AVE.**
22. Suite, Apt. #, etc: **#50D**
27. Suite, Apt. #, etc: **#50D**
23. City & State: **TAMPA, FLA.**
28. City & State: **TAMPA, FLA.**
24. Zip: **33618** Country: **Hills**
25. Zip: **33618** Country: **Hills**
29. Zip: **33618** Country: **Hills**
30. Zip: **33618** Country: **Hills**

3. Date Incorporated or Qualified: **08/29/1980**
3a. Date of Last Report: **08/10/1995**
4. FEI Number: **59-2026718**
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, GLEN A
230 DEER COVE LN
LUTZ FL 33549**

10. Name and Address of New Registered Agent:
81. Name: **SULLIVAN GLEN A.**
82. Street Address (P.O. Box Number is Not Acceptable): **2727 FLETCHER AVE.**
83. **Apt. 50D**
84. City: **TAMPA** FL 85. Zip Code: **33618**

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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ (Signature of Registered Agent or Director) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SULLIVAN, GLEN A	
STREET ADDRESS	230 DEER COVE LN	
CITY - ST - ZIP	LUTZ FL	
TITLE	VSD	<input checked="" type="checkbox"/> DELETE
NAME	SULLIVAN, JUDITH O	
STREET ADDRESS	230 DEER COVE LN	
CITY - ST - ZIP	LUTZ FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	SULLIVAN GLEN A.	
13. STREET ADDRESS	#2727 FLETCHER AVE Apt. 50D	
14. CITY - ST - ZIP	TAMPA, FLA. 33618	
21. TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	DELETE	
23. STREET ADDRESS		
24. CITY - ST - ZIP		
31. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME		
33. STREET ADDRESS		
34. CITY - ST - ZIP		
41. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME		
43. STREET ADDRESS		
44. CITY - ST - ZIP		
51. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME		
53. STREET ADDRESS		
54. CITY - ST - ZIP		
61. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME		
63. STREET ADDRESS		
64. CITY - ST - ZIP		

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 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13, unchanged, or on an attachment with an address.

SIGNATURE: *Glen A. Sullivan* **GLEN A. SULLIVAN** 1 Aug 96 813-949-6024
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)