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PROFIT CORPORATION
 ANNUAL REPORT
 1999



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

DOCUMENT # 685951

1. Corporation Name
 SULLIVAN GENERAL CONTRACTING CO.



Principal Place of Business

2727 FLETCHER AVENUE
 SUITE 50D
 TAMPA FL 33618
 US

Mailing Address

2727 FLETCHER AVENUE
 SUITE 50D
 TAMPA FL 33618
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/29/1980

4. FEI Number

59-2026718

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. This corporation owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business

21 #20500 Cot Road,

Suite, Apt. #, etc.

22 #410

City & State

23 Lutz, FL

Zip

24 33549

Country

25 PASCO

2a. Mailing Address

26 #20500 Cot Road,

Suite, Apt. #, etc.

27 #410

City & State

28 Lutz, FL

Zip

29 33549

Country

30 PASCO

9. Name and Address of Current Registered Agent

SULLIVAN, GLEN A
 2727 FLETCHER AVENUE
 APT. 50D
 TAMPA FL 33618

10. Name and Address of New Registered Agent

81 Name SULLIVAN, GLEN A.

82 Street Address (P.O. Box Number is Not Acceptable)
 #20500 Cot Road, #410

83

84 City Lutz

FL

85 Zip Code 33549

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 Glen A. Sullivan GLEN A. SULLIVAN

8 APR 99

DATE

12. OFFICERS AND DIRECTORS

TITLE PD DELETE
 NAME SULLIVAN, ERIC GRAYDON
 STREET ADDRESS 2727 FLETCHER AVE APT 50-D
 CITY-ST-ZIP TAMPA FL

TITLE M DELETE
 NAME SULLIVAN, GLEN A
 STREET ADDRESS 2727 FLETCHER AVE APT. 50-D
 CITY-ST-ZIP TAMPA FL

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE V. # Change Addition
 1.2 NAME SULLIVAN, ERIC GRAYDON
 1.3 STREET ADDRESS #20500 Cot Road, #410
 1.4 CITY-ST-ZIP Lutz, Fla. 33549

2.1 TITLE P.D. Change Addition
 2.2 NAME SULLIVAN, GLEN A.
 2.3 STREET ADDRESS #20500 Cot Road, #410
 2.4 CITY-ST-ZIP Lutz, Fla. 33549

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 an attachment with an address, with all other like empowered.

SIGNATURE: Glen A. Sullivan GLEN A. SULLIVAN (PD) 8 APR 99

813-949-6024

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)