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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F98000002282

1. Corporation Name

LENHARDT SULLIVAN ASSOCIATES, INC.

Principal Place of Business

142 BRIDGE ROAD
TEQUESTA FL 33469-2712

Mailing Address

142 BRIDGE ROAD
TEQUESTA FL 33469-2712

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/22/1998

4. FEI Number

22-1821694

Applied For

Not Applicable

5. Certificate of Status Desired ☒ ~~Not~~

\$8.75 Additional Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

City & State

24

City & State

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

City & State

29

City & State

30

City & State

9. Name and Address of Current Registered Agent

SULLIVAN, FRANK J JR
142 BRIDGE ROAD
TEQUESTA FL 33469-2712

10. Name and Address of New Registered Agent

81 Name **FRANK J. SULLIVAN, JR.**
82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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 or printed name of registered agent and type if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

PG

NAME

SULLIVAN, FRANK J

STREET ADDRESS

142 BRIDGE ROAD

CITY-ST-ZIP

TEQUESTA FL 33469-2712

TITLE

PC

NAME

SULLIVAN, FRANK

STREET ADDRESS

2805 LAUREL GREEN COURT

CITY-ST-ZIP

ROSWELL GA 30076

TITLE

SD

NAME

SULLIVAN, JOHN

STREET ADDRESS

5400 REAGAN RUN

CITY-ST-ZIP

ANTIOCH TN 37013

TITLE

TD

NAME

SULLIVAN, JOAN

STREET ADDRESS

689 SPRINGROCK HILL COURT

CITY-ST-ZIP

LAWRENCEVILLE GA 30243

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition☒ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

John M. Sullivan **Treasurer-Director** **2/24/99** **561-747-5105**

CR2E034 (11/98)