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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F98000004718

1. Corporation Name

SULLIVAN OIL CO.

		_	
Principal	Place	of	Business

FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90174 050 ***150.00



Principal Place	e of Business	Mailing Address							
1785 WOODDA	LE COURT	1785 WOODDALE COURT							
		BATON ROUGE LA 70806-1	523			DO NOT WRI	TE IN THIS SP	ACE	
						Date Incorporated or Qualified	12 11 11 10 01		
						'			
2 2 1 1 2		20 Mailine Address				08/17/1998 4. FEI Number			pplied For
	Place of Business	2a. Mailing Address						\vdash	lot Applicable
21	# -4-	26 Suite Apt # etc				72-0768433		·	Additional
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired			Required
22(City & State				B. Station Committee Singuistre			May Be
City & Stat	le .	<u></u>				6. Election Campaign Financing Trust Fund Contribution		•	May Be
23	- Country	28 Zip	Coun				ont upper Integra		10 1 663
Zip	Country	⊢ '		iu y		 This corporation owes the curr Personal Property Tax. 		Yes	₽No
24	25	29	30			10. Name and Address of New F			
<u> </u>	9. Name and Address of Currer	it Registered Agent		81 Na	ame	10. Name and Address of New 1	tegisterea Age	***	
SI III	LIVAN, KENNETH R			-					
	i Beaumont Center BLVD - S	UITE 655		82 St	reet Addre	ss (P.O. Box Number is Not Accepta	able)		
	IPA FL 33634	OIL 000	-						
IAW	IFA FL 33034		- 1	83					
			}	84 Ci	itv		[8	35 Zip	Code
					•		FL]		
office or r	to the provisions of Sections 607.050 registered agent, or both, in the State im familiar with, and accept the obligations.	of Florida, Such change was a	utnorizea	by the (corporation	n's board of directors. I hereby acce	pt the appointm	ent as i	registered
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable (NOTE	· Registered /	Agent sign:	nature required	when reinstating)	DATE		
12,		ID DIRECTORS	13.	190		ADDITIONS/CHANGES TO OF	FICERS AND I	DIRECT	ORS IN 12
TITLE	P	☐ DELETE	1.1 1111] Change	☐ Addition
NAME	SULLIVAN, KENNETH R		1.2 NAM	uF.					
	TAKE EROUTIED DONE			REET ADDI	RESS				
STREET ADDRESS	GREENWELL SPRINGS LA 707	'20		Y-ST-ZIP	1				
CITY-ST-ZIP	S	DELETE	2,1 TM	_	_		ſ	Change	Addition
TITLE							_	-	_
NAME	SULLIVAN, GLENDA D		2.2 NAM						
STREET ADDRESS			1	EET ADD	~ }				
CITY-ST-ZIP	GREENWELL SPRINGS LA 707			r-st-zip	<u>'</u>] Change	Addition
TITLE		☐ DELETE	3.1 TITI				L	_ unange	
NAME			3.2 NA	-					
STREET ADDRESS	{		3.3 STF	REETADDI	RESS				
CITY-ST-ZIP			_	Y-ST-ZIP	<u>, </u>			7.Ch	Addition
TITLE		☐ DELETE	4.1 TITI	LE			L] Change	
NAME			4. 2 NA	WE					
STREET ADDRESS			4.3 STF	REET ADD	RESS				
CITY-ST-ZIP			4.4 CIT	Y-ST-ZIP					
TITLE		☐ DELETE	5.1 TIT	LE]		Ε] Change	Addition
NAME			5.2 NA	ME					
STREET ADDRESS			5.3 STF	REETADO	RESS				
CITY-ST-ZIP			5.4 CIT	Y-ST-ZIP	.				
TITLE	1	☐ DELETE	6.1 TITI		-] Change	Addition
1	A STATE OF THE STATE OF		6.2 NA	ME					
NAME (**)				REET ADD	RESS				
STREET ADDRESS				Y-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:

Davtime Phone #