

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **G16196**

(9)

1. Corporation Name

SULLIVAN ELECTRIC & PUMP, INC.



Principal Place of Business

**2115 7TH AVENUE NORTH
#8
LAKE WORTH FL 33461
US**

Mailing Address

**2115 7TH AVENUE NORTH
#8
LAKE WORTH FL 33461
US**

3. Date Incorporated or Qualified

12/03/1982

3a. Date of Last Report

02/13/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

59-2242421

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 has liability for intangible tax under s 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SULLIVAN, GARY T.
2115 7TH AVE NORTH
#8
LAKE WORTH FL 33461**

81 Name

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ~~POB~~ ☐ DELETE

NAME **SULLIVAN, GARY THOMAS**
STREET ADDRESS **3019 NAUTICAL WAY**
CITY-ST-ZIP **LANTANA FL 33462**

TITLE **EVP** ☐ DELETE

NAME **SULLIVAN JR., MATHEW R.**
STREET ADDRESS **1119 SEA PINES WAY**
CITY-ST-ZIP **LANTANA FL**

TITLE **VP** ☐ DELETE

NAME **ETTENDER, THOMAS B**
STREET ADDRESS **4970 CHORUS WAY**
CITY-ST-ZIP **WELLINGTON FL**

TITLE **S** ☐ DELETE

NAME **CATLEDGE, TAMARA M**
STREET ADDRESS **2520 FLORAL ROAD**
CITY-ST-ZIP **LANTANA FL 33462**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

2.1 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

3.1 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

4.1 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

5.1 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

6.1 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/1/96 1-407-576586

CR2E034 (12/95)