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**Secretary of State** 

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## 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 # H20924**

1. Corporation Name

SULLIVAN ADVERTISING GROUP, INC.

								HALL BUBLI (BB)
Principal Place	of Business	Mailing Ad	Idress				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
701 ENTERPRISE RD E 701 ENTERPRISE ROAD E.								
SUITE 100		SUITE 100				DO NOT WRITE IN THIS SPACE		
safety Harbo Us	H FL 34695	US US	SAFETY HARBOR FL 34695 US			3. Date Incorporated or Qualifed		
00						09/13/1984		
2. Principal Pl	ace of Business	2a. Mailing	Address			4. FEI Number	Apr	plied For
21		26				59-2483897	No	t Applicable
Suite, Apt.	#, etc.	Suite,	Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 <sub>-</sub> A	I
22		27					Fee Re	<u> </u>
City & State	3		City & State			6. Election Campaign Financing	\$5.00_	
!3 <sup> </sup>		28				Trust Fund Contribution	Added to	o rees
Zip ─_	Country	Zip	<u></u>	Country		<ol><li>This corporation owes the current ye Personal Property Tax.</li></ol>		□No
24	9. Name and Address of Curre	29	30	1		10. Name and Address of New Regist		
	9. Name and Address of Curre	iit Kegistered A	ZA GLIV	81	Name			
SULL	JVAN, JOHN P.			82		The state of the s		
	EAGLE TRAIL					dress (P.O. Box Number is Not Acceptable)		
CLE/	ARWATER FL 34621			83				
				ļ.,			85 Zip 0	`odo
				84	1		FL   T	
office or reagent. I as	1/201/	e of Florida. Such ations of Section ent and title if applicable				rporation submits this statement for the purporation's board of directors. I hereby accept the	32.59 TE	
12.		ND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICER	S AND DIRECTO	RS IN 12
TITLE	PD		☐ DELETE	1.1 TITLE	-		☐ Change	Addition
NAME	SULLIVAN, JOHN P.			1.2 NAME				
STREET ADDRESS	2970 EAGLE TRAIL			1.3 STREE	T ADDRESS			
CITY-ST-ZIP	CLEARWATER FL			1.4 C/TY-S	T-ZIP			
TITLE	VSTD		☐ DELETE	2.1 TITLE			☐ Change	☐ Addition
NAME	SULLIVAN, KAREN ANN			2.2 NAME				
STREET ADDRESS	2970 EAGLE TRAIL			2.3 STREE	T ADDRESS			
CITY-ST-ZIP	CLEARWATER FL		FT per exe	2. 4 CITY-	ST-ZIP		Change	Addition
TITLE			☐ DÉLETÉ	3.1 TITLE				
NAME				3.2 NAME	T +DDDCCC			
STREET ADDRESS				3.4. CITY-1	T ADDRESS			
CITY-ST-ZIP		<del></del>	☐ DELETE	4.1 TITLE	31-21-		☐ Change	☐ Addition
TITLE NAME				4.2 NAME				
STREET ADDRESS				4.3 STREE	T ADDRESS			
CITY-ST-ZIP				4.4 CITY-S		_		_
TITLE :			DELETE	5.1 TITLE			Change	☐ Addition
NAMÉ				5.2 NAME				
STREET ADDRESS				5.3 STREE	T ADDRESS			
CITY-ST-ZIP				5.4 CITY-5	ST-ZIP			
TITLE			DELETE	6.1 TITLE			☐ Change	☐ Addition
NAME				6.2 NAME	ļ			
OTTOET 4000000	1		1	6.3 STREE	TADDRESS			

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 of 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 or arrattachpen with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR