

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

FILED
Apr 07 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # K06080 (1)			
1. Corporation Name W. T. SULLIVAN, INC.			
Principal Place of Business 9821 MELVINA RD JACKSONVILLE FL 32257		Mailing Address 9821 MELVINA RD JACKSONVILLE FL 32257-6084	
2. Principal Place of Business <i>9821 Melvina Rd</i>		2a. Mailing Address <i>9821 Melvina Rd</i>	
21 <i>9645 Baymeadows Rd</i>	26 <i>9645 Baymeadows Rd</i>	3. Date Incorporated or Qualified 12/08/1987	
22 <i>815 Apt.</i>	27 <i>Apt 815</i>	3a. Date of Last Report 07/26/1996	
23 <i>Jacksonville</i>	28 <i>Jacksonville</i>	4. FEI Number 59-2860291	
24 <i>32257</i>	29 <i>32257</i>	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
9. Name and Address of Current Registered Agent SCOTT, ALFRED C. 137 E FORSYTH ST SUITE 316 JACKSONVILLE FL 32202		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. Name and Address of New Registered Agent		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
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.		12. OFFICERS AND DIRECTORS	
SIGNATURE		DATE	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. NAME D SULLIVAN, WALTER T. SR		1.1 TITLE D	
2. STREET ADDRESS 9821 MELVINA RD		1.2 NAME Smith Terry M.	
3. CITY, ST, ZIP JACKSONVILLE FL		1.3 STREET ADDRESS 9645 Baymeadows Rd Apt 815	
4. CITY, ST, ZIP		1.4 CITY, ST, ZIP Jacksonville FL Same Address	
5. NAME		2.1 TITLE	
6. STREET ADDRESS		2.2 NAME	
7. CITY, ST, ZIP		2.3 STREET ADDRESS	
8. CITY, ST, ZIP		2.4 CITY, ST, ZIP	
9. NAME		3.1 TITLE	
10. STREET ADDRESS		3.2 NAME	
11. CITY, ST, ZIP		3.3 STREET ADDRESS	
12. CITY, ST, ZIP		3.4 CITY, ST, ZIP	
13. NAME		4.1 TITLE	
14. STREET ADDRESS		4.2 NAME	
15. CITY, ST, ZIP		4.3 STREET ADDRESS	
16. CITY, ST, ZIP		4.4 CITY, ST, ZIP	
17. NAME		5.1 TITLE	
18. STREET ADDRESS		5.2 NAME	
19. CITY, ST, ZIP		5.3 STREET ADDRESS	
20. CITY, ST, ZIP		5.4 CITY, ST, ZIP	
21. NAME		6.1 TITLE	
22. STREET ADDRESS		6.2 NAME	
23. CITY, ST, ZIP		6.3 STREET ADDRESS	
24. CITY, ST, ZIP		6.4 CITY, ST, ZIP	
14. I do 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.			
SIGNATURE: <i>[Signature]</i> REQUIRED <i>March 28-97</i>			



CR2E034 (9/96)