


FILED

Jul 31 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
<b>DOCUMENT # K62979 (5)</b> <b>1. Corporation Name</b> <b>SULLIVAN CONSTRUCTION AND MAINTENANCE, INC.</b>		
<b>Principal Place of Business</b> % JOHN A. YAUN 848 WEST VENTURA AVENUE CLEWISTON FL 33440		<b>Mailing Address</b> % JOHN A. YAUN 848 WEST VENTURA AVENUE CLEWISTON FL 33440
<b>2. Principal Place of Business</b> <b>21 1801 Red Road</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23 Clewiston, Florida</b> Zip Country <b>24 33440 25 USA</b>		<b>2a. Mailing Address</b> <b>26 1801 Red Road</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28 Clewiston, Florida</b> Zip Country <b>29 33440 30 USA</b>
<b>9. Name and Address of Current Registered Agent</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 80%;"> <b>YAUN, JOHN A</b>  <b>848 WEST VENTURA AVENUE</b>  <b>CLEWISTON FL 33440</b> </div> <div style="width: 15%;"> <b>81 Name</b>  <b>Terry</b>  <b>82 Street Address</b>  <b>1801</b>  <b>83</b>  <b>84 City</b>  <b>Clewiston</b> </div> </div>		
<b>11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation is a corporation organized under the laws of the State of Florida. Such change was authorized by the corporation's board of directors, and I, the undersigned, as a duly authorized officer or director of the corporation, do hereby certify that the information furnished in this report is true and accurate and that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report.</b> <b>SIGNATURE</b> <i>Terry E. Compton</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required.)</small>		
<b>12. OFFICERS AND DIRECTORS</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>PD</b> <b>SULLIVAN, TONY</b> <b>1801 RED ROAD</b> <b>CLEWISTON FL</b>	<input type="checkbox"/> DELETE
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>VST</b> <b>COMPTON, TERRY E</b> <b>1801 RED ROAD</b> <b>CLEWISTON FL 33440</b>	<input type="checkbox"/> DELETE
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> DELETE
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> DELETE
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> DELETE
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> DELETE
<b>13.</b>		
	<b>1.1 TITLE</b> <b>1.2 NAME</b> <b>1.3 STREET ADDRESS</b> <b>1.4 CITY-ST-ZIP</b>	
	<b>2.1 TITLE</b> <b>2.2 NAME</b> <b>2.3 STREET ADDRESS</b> <b>2.4 CITY-ST-ZIP</b>	
	<b>3.1 TITLE</b> <b>3.2 NAME</b> <b>3.3 STREET ADDRESS</b> <b>3.4 CITY-ST-ZIP</b>	
	<b>4.1 TITLE</b> <b>4.2 NAME</b> <b>4.3 STREET ADDRESS</b> <b>4.4 CITY-ST-ZIP</b>	
	<b>5.1 TITLE</b> <b>5.2 NAME</b> <b>5.3 STREET ADDRESS</b> <b>5.4 CITY-ST-ZIP</b>	
	<b>6.1 TITLE</b> <b>6.2 NAME</b> <b>6.3 STREET ADDRESS</b> <b>6.4 CITY-ST-ZIP</b>	
<b>14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in the instructions to this annual report or supplemental annual report is true and accurate and that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report.</b> <b>Signature</b> <i>Terry E. Compton</i>		



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>01/30/1989</b>		3a. Date of Last Report <b>07/15/1996</b>	
4. FEI Number <b>65-0209959</b>		Applied For	
		Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

10. Name and Address of New Registered Agent			
81	Name <b>Terry E. Compton</b>		
82	Street Address (P.O. Box Number is Not Acceptable) <b>1801 Red Road</b>		
83			
84	City <b>Clewiston</b>	FL	85 Zip Code <b>33440</b>

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 x Vervey E. Compton 7-24-97  
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	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SULLIVAN, TONY	1.2 NAME	
STREET ADDRESS	1801 RED ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	CLEWISTON FL	1.4 CITY-ST-ZIP	
TITLE	VST <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COMPTON, TERRY E	2.2 NAME	
STREET ADDRESS	1801 RED ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	CLEWISTON FL 33440	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	300002254513
STREET ADDRESS		5.3 STREET ADDRESS	-08/01/97--01012--005
CITY-ST-ZIP		5.4 CITY-ST-ZIP	***385.00
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	300002254513
STREET ADDRESS		6.3 STREET ADDRESS	-08/01/97--01012--005-31
CITY-ST-ZIP		6.4 CITY-ST-ZIP	***165.00

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: [Signature] 7-24-97 983-3031

CR2E034 (4/97)