FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAR 27 AM 9:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000010221 (8)

1. Corporation Name

SUMO MARKETING COMPANY

Principal Place of Business	Mailing Address
4458 VIENNA WOODS WAY GAINESVILLE FL 32605 US	4458 VIENNA WOODS WAY GAINESVILLE FL 32605 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/03/1993
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-0969580 — 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

2. Principal Place of Business	2a. Mailing Address
21 10494 MALONE COURT	26 10494 MALONE COURT
Suite, Apt #, etc. 22	Suite, Apt #, etc. 27
City & State 23 FAIRFAX, VA	City & State 28 FAIRFAX, VA
Zip 24 22032 — Country 25 USA	Zip 29 22032 — Country 30 USA

9. Name and Address of Current Registered Agent

SULLIVAN, JAMES F
2333 BRICKELL AVE.
#1906
MIAMI FL 33129

10. Name and Address of New Registered Agent

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 *James Sullivan* JAMES SULLIVAN — 17 March 1995
(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**

	12.	13.	
TITLE	D	1 1 TITLE	☑ Change ☐ Addition
NAME	SULLIVAN, MARIA E	1 2 NAME	
STREET ADDRESS	4458 VIENNA WOOD WAY	1 3 STREET ADDRESS	10494 MALONE COURT
CITY-ST-ZIP	GAINESVILLE FL	1 4 CITY-ST-ZIP	FAIRFAX, VA 22032
TITLE	D	2 1 TITLE	☑ Change ☐ Addition
NAME	SULLIVAN, JAMES F	2 2 NAME	
STREET ADDRESS	4458 VIENNA WOODS WAY	2 3 STREET ADDRESS	10494 MALONE COURT
CITY-ST-ZIP	GAINESVILLE FL	2 4 CITY-ST-ZIP	FAIRFAX, VA 22032
TITLE		3 1 TITLE	☐ Change ☐ Addition
NAME		3 2 NAME	
STREET ADDRESS		3 3 STREET ADDRESS	800001442318
CITY-ST-ZIP		3 4 CITY-ST-ZIP	-03/29/95--01022--020
TITLE		4 1 TITLE	****200.00 ****200.00 ☐ Change ☐ Addition
NAME		4 2 NAME	
STREET ADDRESS		4 3 STREET ADDRESS	
CITY-ST-ZIP		4 4 CITY-ST-ZIP	
TITLE		5 1 TITLE	☐ Change ☐ Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	3/27/95 US
CITY-ST-ZIP		5 4 CITY-ST-ZIP	
TITLE		6 1 TITLE	☐ Change ☐ Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY-ST-ZIP		6 4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *James Sullivan* JAMES SULLIVAN — 17 March 95 — (703) 323-7003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0412007 FP