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

PROFIT CORPORATION ANNUAL REPORT

1997



FI ORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

**FILED** 

Mar 14 1997 8:00am

Secretary of State

## **POCUMENT # P9400039488 (9)**

SULLIVAN SURVEYING, INC.

Principal Plac 1318 W OAK S STE 4	ST.	Mailing Address  1318 W OAK ST STE 4 KISSIMMEE FL 34741-4009							
KISSIMMEE FL 34741 US		NISSIMMEE PL 34741-4008 US			3. Date incorporated or Qualifi 05/25/1994				
<del></del>	lace of Business	2a. Mailing Address				4. FEI Number			oplied For
21		26			<b>59-3245345</b> Not Applicable				
Suite, Apt. #, etc.		Suite, Apt. #i, etc	<del>  -  </del>			5. Certificate of Status Desired		\$8.75	
City & State		Crty & State				A Florie Commiss Financia		Fee Re	<u> </u>
23		28				6. Election Campaign Financin Trust Fund Contribution	9 🗍	\$5.00 Added (	
Zip	Country	Zip Country				<del> </del>			
24	25 29		30			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes			
	9. Name and Address of Curre					10. Name and Address of New	Registered	l Agent	
	LIVAN, RICHARD C			81	Name				
	B W OAK ST		ļ,	82	Street Addre	ess (P.O. Box Number is Not Acce	ptable)		
STE 4				_4.					
KISS	SIMMEE FL 34741	•	1	83					
			1	84	City			85 Zip (	Code
44 District	(a the area delete at Carolina at 607.017.			<u> l</u> .			FL	<b>L</b>     '	
office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State	of Florida. Such change wa	tites, me and s authorized	pà.	named corpo the corporation	oration submits this statement for t on's board of directors. I hereby a	ne purpose i ocept the ap	or changing it opointment as	s registered registered
•	m familiar with, and accept the oblig	ations of, Section 607.0505, l	Florida Statu	tos.					
SIGNATURE	Signature, typed or printed name of registered asy	est and title if applicable. (N	OTE Registered	Apen	il signature require	nd when reinstating)	DATE		
12.	OFFICERS AN	ID DIRECTORS	13.	. 12341	Togram o regore	ADDITIONS/CHANGES TO O		ID DIRECTOR	IS IN 12
TITLE	PD			ŀ	1			Change	Addition
NAME	SULLIVAN, RICHARD C		1.2 NAN	ΑE					
STREET ADDRESS 1318 W OAK ST STE 4		1.3 STR		EEFA	ADORESS				
CITY-ST-ZIP	KISSIMMEE FL		1.4 CITY	/- ST-	- <b>21</b> P				
TITLE		DELETE	2 1 1Hc	2.1 TIFCE				☐ Change	☐ Addition
NAME			2.2 NAM	2.2 NAME					
STREET ADDRESS			2.3 STR	EF1 A	ADORESS				
CITY-ST-ZIP			2 4 CIT		i - 7IP				
TITLE		L. Detete	3 1 1171	F				L Change	L_] Addition
NAME			3.2 NAM						
STREET ADDRESS			3 3 SIR	EFT A	ADDRESS				
CITY-ST-ZIP			3.4. C/T		· 7IP				
TITLE		LL DEFETE	4 1 1171					Change	Addition
NAME			4 2 NA						
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP		DELETE	4.4.0019		- 7IP			T Change	Addition
TITLE		L' Detrie	51 HTI					Change	Addation
NAME exercise appeared			5 2 NAN		INDOSES.				
STREET ADDRESS			li i		ADDRESS				
CITY-ST-ZIP TITLE		DETER	5.4 CHY 6.1 THL		· 7IP		<del></del>	Change	Addition
NAME		L.) betite	6.2 NAN					onange	C VOULDING
STREET ADDRESS					rpopece.				
SINCE I ADDINGS			6.3 STR	LELA	ADDRESS				

14. To 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 eath; 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 chapter 607 on an antichment with an address.

2/11/20