## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

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83 84 City

1996

P95000045489 (8) DOCUMENT #

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D. SULLIVAN CONSTRUCTION, INC.

Principal Place of Business

Country

9. Name and Address of Current Registered Agent

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5606 GARDENS DRIVE SARASOTA FL 34243

2. Principal Place of Business

SULLIVAN, DANIEL D

5606 GARDENS DRIVE SARASOTA FL 34243

Suite, Apt. #, etc.

City & State

Zip

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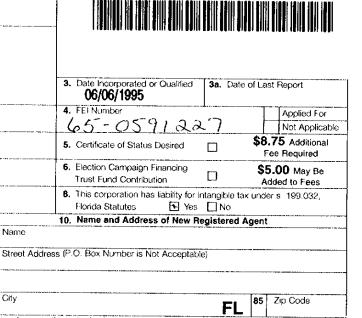
Mailing Address

2a. Mailing Address

City & State

Suite, Apt. #, etc.

5606 GARDENS DRIVE SARASOTA FL 34243



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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agrint signature required which reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. THLE DELETE 1.1 TITLE Change Addition SULLIVAN, DANIEL D NAME 1.2 NAME 4550 47TH STREET WEST STREET ADDRESS 1.3 STREET ADDRESS BRADENTON FL 34210 CITY-ST-7IP 1.4 CITY - ST - ZIP TITLE DELETE 2 1 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 24 CITY-ST-ZIP TITLE DELETE 3. 1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY - ST - ZIP TITLE DELETÉ 4. 1 TITLE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CHTY-S1-7)P THILE DELETE 5 1 TITLE Addition 5.2 NAME STREET ADDRESS 5 3 STREET ADDRESS CITY-S1-ZIP 5.4 CITY-ST-ZiP TITLE DELETE 6.1 TILF Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

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 armual 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 changed, or on an attachment with an address.

6.4 CITY - ST - ZIP

SIGNATURE:

CITY-ST-ZIP

PAUL SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daniel D. Sullivan 5-8-96941-359-1471

CR2E034 (12/95)