

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000062927 (5)

1. Corporation Name

SULLNETT, INC.



Principal Place of Business

925 15TH PLACE  
VERO BEACH FL 32960

Mailing Address

925 15TH PLACE  
VERO BEACH FL 32960

3. Date Incorporated or Qualified

08/14/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

g. Name and Address of Current Registered Agent

SULLIVAN, TERENCE  
925 15TH PLACE  
VERO BEACH FL 32960

4. FEI Number

59-3332686

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

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 607.1503, 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

*Catherine Ann Harnett Sullivan*

4/8/96

Signature typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when requesting)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE  
NAME SULLIVAN, TERENCE  
STREET ADDRESS 330 S WAVERLY PLACE, UNIT 10B  
CITY-ST-ZIP VERO BEACH FL 32960

TITLE VD ☐ DELETE  
NAME HARNETT, CATHERINE  
STREET ADDRESS 330 S WAVERLY PLACE, UNIT 10B  
CITY-ST-ZIP VERO BEACH FL 32960

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

1.1 TITLE PRESIDENT ☒ Change ☐ Addition  
1.2 NAME SULLIVAN, TERENCE  
1.3 STREET ADDRESS 6165 S MIRROR LK DR #310  
1.4 CITY-ST-ZIP SEBASTIAN FL 32958

2.1 TITLE VICE PRESIDENT ☒ Change ☐ Addition  
2.2 NAME CATHERINE ANN SULLIVAN  
2.3 STREET ADDRESS 6165 S MIRROR LK DR #310  
2.4 CITY-ST-ZIP SEBASTIAN FL 32968 (MARRIED NAME)

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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

*Catherine Ann Harnett Sullivan*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/96

407-563-0510

SG-5-1-96

CR2E034 (12/95)