PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9600007765 (6)

SULLIVAN OUTDOOR, INC.

Principal Place of Business

4216 LINDA DR. ZEPHYRHILLS FL 33543 Mailing Address

PO BOX 2293 ZEPHYRHILLS FL 33540

FILED

97 AUG -4 AH 10: 59

DEGRETARY OF STATE TALLAHASSEE, FLORIDA



	The state of the s			DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualified 3a. Date of Last Report
				01/22/1996
2. Principal Place of Business	2a. Mailing Address			4. FEI Number Applied For
21	26		<u></u>	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	uite, Apt. #, etc.		5. Certificate of Status Desired S8.75 Additional Fee Required
City & State	City & State			6. Election Campaign Financing \$5.00 May Be
23	28			Trust Fund Contribution Added to Fees
Zip Country	Zip	Cou	intry	8. This corporation owes or has paid the current year Intangible
24 25	29	30		Personal Property Tax due June 30. Yes No
9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Registered Agent
SULLIVAN, JAMES C JR.			<b>81</b> Na	ame .
4216 LINDA DR.			82 Str	reet Address (P.O. Box Number is Not Acceptable)
ZEPHYRHILLS FL 33543				
			83	
			84 Cit	ar 7in Code
			<b>64</b> Cit	FL 85 Zip Code
11. Pursuant to the provisions of Sections 607.05	02 and 607.1508, Florida St	atutes, the al	bove-nar	med corporation submits this statement for the purpose of changing its registered
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, typod or printed name of registered agent and title diapplicable (NOTE: Registered Agent signature required when reinstalling)  DATE				
	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE D	DELETE	1.1 TI	1LE	Change Addition
NAME SULLIVAN, JAMES C JR.		1.2 N/	AME	
STREET ADDRESS 4216 LINDA DR.			TREET ADDRI	-08/08/9701100002
CITY-ST-ZIP ZEPHYRHILLS FL 33543			ITY-ST-ZIP	######################################
TITLE	DELETE	2111		Change Addition
NAME		2.2 N/		
STREET ADDRESS		•	TREET ADDRI	FEC
			HTY-ST-ZIP	
CITY-ST-ZIP TITLE	DELETE	3.1 TI		Change Addition
NAME	CJ Decerto	3.2 NAME		
				1
STREET ADDRESS			REET ADDRE	
CITY-ST-ZIP	DILLE		(TY - ST - ZIP	Change Addition
TITLE	☐ DELETE	4.1 10		Consider TT Wooling
R. T. E.		4. 2 N		
STREET ADDRESS		4.3 ST	TREET ADDRI	ESS
CITY-ST-ZIP			TY-ST-ZIP	
TITLE *	☐ DELE1E	5.1 Ti	TLE	☐ Change ☐ Addition
NAME		5.2 N/	AME	
STREET ADDRESS		5.3 ST	TREET ADDRI	ESS
CiTY-ST <sub>4</sub> -ZiP		5.4 CI	ITY-ST-ZIP	
TITLE	☐ DELETE	6.1 71	TLE	Change Addition
NAME ,		6.2 N/	AME	
STREET ADDRESS		6.3 ST	REET ADDRE	ESS
CITY-ST-ZIP			11Y-S1-ZIP	
	ed with this filing does not q			on stated in Section 119.07(3)(i), Florida Statutes. I further certify that the

I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida Statutes. I further certify that the information indicated on this actual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath I am an officer or director of the corporation or the following truetor ampowered 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 unal attachment with an address.

11-20-90

200000



## JUNCO & COMPANY

CERTIFIED PUBLIC ACCOUNTANTS

MEMBER:

AMERICAN INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS FLORIDA INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS

5041 West Cypress Street, Suite 100 TAMPA, FLORIDA 33607

TELEPHONE: (813) 287-1519

FACSIMILE: (813) 287-8468

July 28, 1997

Ms. Sandra B. Northam Secretary of State Post Office Box 1500 Tallahassee, FL 32302-1500

RE: Sullivan Outdoor, Inc.

> Post Office Box 2293 Zephyrhills, FL 33540

P96000007765

Dear Ms. Mortham:

Our client claims that he mailed the \$165.00 check on a timely basis. The check was never processed so it must have gotten lost. Enclosed is another check to pay the annual fee due.

Sincerely,

Manuel Junco, Jr.

Certified Public Accountant

MJ/kb