

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

FILED

May 19 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000072579 (1)**

1. Corporation Name
HMKS SULLIVAN, INC.

Principal Place of Business

**2075 WEST FIRST ST.
SUITE 100
FORT MYERS FL 33901**

Mailing Address

**POST OFFICE BOX 6218
FORT MYERS FL 33911**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/28/1996

4. FEI Number

65-0739938

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26 2075 WEST FIRST STREET
22 204 Suite, Apt. #, etc.	27 204 Suite, Apt. #, etc.
23 City & State	28 Fort Myers, FL City & State
24 Zip	29 33901 Zip
25 Country	30 USA Country

9. Name and Address of Current Registered Agent

**BUCKINGHAM, KENLEIGH
2075 WEST FIRST STREET
SUITE 100
FORT MYERS FL 33901**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 **204**

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

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	
TITLE	POST <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SULLIVAN, MARC C	1.2 NAME	
STREET ADDRESS	2075 WEST FIRST ST., SUITE 100	1.3 STREET ADDRESS	SUITE 204
CITY-ST-ZIP	FORT MYERS FL 33901	1.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SULLIVAN, KYLE M	2.2 NAME	
STREET ADDRESS	2075 WEST FIRST ST., SUITE 100	2.3 STREET ADDRESS	SUITE 204
CITY-ST-ZIP	FORT MYERS FL 33901	2.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONSTANTIN, SHARON S	3.2 NAME	
STREET ADDRESS	2075 WEST FIRST ST., SUITE 100	3.3 STREET ADDRESS	SUITE 204
CITY-ST-ZIP	FORT MYERS FL 33901	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUCKLEY, JOHN S	4.2 NAME	
STREET ADDRESS	2075 WEST FIRST STREET SUITE 100	4.3 STREET ADDRESS	SUITE 204
CITY-ST-ZIP	FORT MYERS FL 33901	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SULLIVAN, HAYWOOD C	5.2 NAME	
STREET ADDRESS	2075 WEST FIRST ST., SUITE 100	5.3 STREET ADDRESS	SUITE 204
CITY-ST-ZIP	FORT MYERS FL 33901	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 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:

Marc C Sullivan

4/30/98

941-479-5255

CR2E034 (10/97)