

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

APPROVED  
AND  
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97 SEP 19 AM 10:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



59-3415074

PROFIT CORPORATION ANNUAL REPORT 1997	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000088128 (9)

1. Corporation Name  
CHRIS SULLIVAN, INC.

Principal Place of Business 1320 21ST AVENUE ST. PETERSBURG FL 33704	Mailing Address 1320 21ST AVENUE ST. PETERSBURG FL 33704-3936
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 10/24/1996	3a. Date of Last Report
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number <del>865-85-0428</del>	Applied For Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Country	29 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent SULLIVAN, CHRIS 1320 21ST AVENUE ST. PETERSBURG FL 33704	10. Name and Address of New Registered Agent
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
	FL

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	P CHRIS SULLIVAN
STREET ADDRESS		1.3 STREET ADDRESS	1320 21ST AVENUE NORTH
CITY-ST-ZIP		1.4 CITY-ST-ZIP	ST. PETERSBURG FL 33704
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	100002301511--7
CITY-ST-ZIP		2.4 CITY-ST-ZIP	-09/23/97--01098--012
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	****165.00 ****165.00
NAME		3.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		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 do 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, as changed, or on an attachment with an address.

SIGNATURE \_\_\_\_\_

CR2E034 (9/96)

pg. 2 of 2

Chris Sullivan, Inc.  
1320 - 21st Avenue North  
St. Petersburg, Florida 33704

August 14, 1997

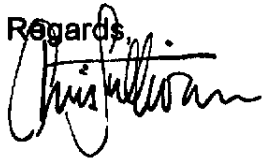
Annual Reports Filing  
Division of Corporations  
Post Office Box 6327  
Tallahassee, Florida 32314

To Whom it Concerns:

Enclosed please find my filing fee of \$165.00. This payment is late due to the fact that I did not receive my first notice until mid July. I feel that I should not be penalized for filing after May 1 seeing as I did not receive the notice until after that date.

Thank you for your consideration.

Regards,



Chris Sullivan