SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
95 AUG -7 AM 11:10
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **V13682** **(2)**

1. Corporation Name
SULCOT, INC.

Principal Place of Business	Mailing Address
7407 SE HILL TERRACE HOBE SOUND FL 33455	7407 SE HILL TERRACE HOBE SOUND FL 33455

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **02/12/1992**
3a. Date of Last Report: **02/18/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
4. FEI Number: **65-0315561** ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State — 23
City & State — 28
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip — 24
County — 25
Zip — 29
County — 30
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

KRAMER, ROBERT S.
C/O COPELAND, KRAMER & SEWELL, P.A.
309 E OSCEOLA ST SUITE 203
STUART FL 34994

10. Name and Address of New Registered Agent

81 Name: Robert S. Kramer
82 Street Address (P.O. Box Number is Not Acceptable): c/oCopeland, Kramer, Sewell & Sopko, P.A.
83: 2307 S.E. Monterey Road
84 City: Stuart **FL** 85 Zip Code: 34996

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: _____ 7/24/95
(Corporate 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 / NAME / STREET ADDRESS / CITY ST ZIP	D COTTEN, E. LEE 114 DEWINDT RD WINNETKA IL	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	President/Director Cotten, E. Lee 1630 Sheridan Rd., Apt. 6N Wilmette, IL 60091	☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D SULLIVAN, JOHN W. 7407 SE HILL TERRACE HOBE SOUND FL	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	Vice Pres./Treasurer/Dir. Sullivan, John W. 7407 SE Hill Terrace Hobe Sound, FL 33455	XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	Vice Pres./Secretary/Dir. Robert S. Kramer 2307 SE Monterey Rd. Stuart, FL 34996	☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (3/95)

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: _____ 7/24/95 (407) 288-0048
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0181160 FP