

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # V28641

(1)

1. Corporation Name

SUN-TEC BREATH TESTING, INC.



Principal Place of Business

Mailing Address

3333 DOW LANE  
SPRING HILL FL 34609

3333 DOW LANE  
SPRING HILL FL 34609

3. Date incorporated or Qualified

04/10/1992

3a. Date of Last Report

04/14/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-3120155

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 has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes ☐ No ☒

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SULLIVAN, EDWARD J.  
3333 DOW LANE  
SPRING HILL FL 34609

81 Name SULLIVAN, DENISE R.

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

3333 DOW LANE

83

84 City

SPRING HILL

FL

85 Zip Code

34609

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

DENISE R. SULLIVAN, PRESIDENT Denise R. Sullivan

DATE

4/11/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PTD	<input checked="" type="checkbox"/> DELETE
NAME	SULLIVAN, EDWARD J.	
STREET ADDRESS	3333 DOW LANE	
CITY - ST - ZIP	SPRING HILL FL	
TITLE	SVD	<input type="checkbox"/> DELETE
NAME	SULLIVAN, DENISE R.	
STREET ADDRESS	3333 DOW LANE	
CITY - ST - ZIP	SPRING HILL FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SULLIVAN, DENISE R.	
1.3 STREET ADDRESS	3333 DOW LANE	
1.4 CITY - ST - ZIP	SPRING HILL, FL 34609	
2.1 TITLE	V8	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	HOWELL, MICHELE M.	
2.3 STREET ADDRESS	8298 MODENA AVE.	
2.4 CITY - ST - ZIP	BROOKSVILLE, FL 34609	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Denise R. Sullivan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/96

DATE

352-686-7673

Daytime Phone #

CR2E034 (12/95)