

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

FILED
Apr 15 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 # **V34157** (0)
1. Corporation Name
JOHN E. SULLIVAN, ESQUIRE, P.A.



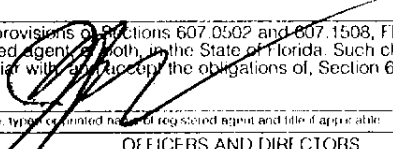
Principal Place of Business P.O. BOX 2638 BRANDON FL 33509-2638 US	Mailing Address P.O. BOX 2638 BRANDON FL 33509-2638 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 349 PAULS DR.		2a. Mailing Address 26		3. Date Incorporated or Qualified 05/01/1992
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-3124343
City & State 23 BRANDON, FL		City & State 27		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
Zip 24 33511	Country 25 USA	Zip 29	Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No				

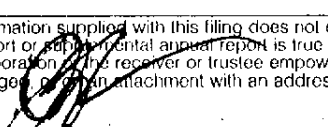
9. Name and Address of Current Registered Agent SULLIVAN, JOHN E. 329 PAULS DR BRANDON FL 33511		10. Name and Address of New Registered Agent 81 Name JOHN E. SULLIVAN 82 Street Address (P.O. Box Number is Not Acceptable) 349 PAULS DRIVE 83 84 City BRANDON FL 85 Zip Code 33511	
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11. 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 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 **4/8/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DPST	☐ DELETE	1.1 TITLE DPST	☒ Change ☐ Addition
NAME SULLIVAN, JOHN E.		1.2 NAME JOHN E. SULLIVAN	
STREET ADDRESS 329 PAULS DR		1.3 STREET ADDRESS 349 PAULS DR.	
CITY-ST-ZIP BRANDON FL		1.4 CITY-ST-ZIP BRANDON, FL 33511	
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ 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 its 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, in an attachment with an address.

SIGNATURE  DATE **4/8/98**

CR2E034 (10/97)