

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

'95 APR 26 AM 10:08

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # V39646 (7)

1. Corporation Name

THE SULLIVAN GROUP OF FLORIDA, INC.

Principal Place of Business

**6900 S. ORANGE BLOSSOM TRAIL
SUITE 100
ORLANDO FL 32809**

Mailing Address

**6900 S. ORANGE BLOSSOM TRAIL
SUITE 100
ORLANDO FL 32809**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/01/1992

3a. Date of Last Report

02/03/1994

4. FEI Number

59-3124908

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐ **\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 7001 Lake Ellenor Drive

2a. Mailing Address

25 7001 Lake Ellenor Drive

Suite, Apt. #, etc.

22 Suite 100

Suite, Apt. #, etc.

27 Suite 100

City & State

23 Orlando FL

City & State

28 Orlando FL

Zip

24 32809

Country

25

Zip

29 32809

Country

30

9. Name and Address of Current Registered Agent

**SULLIVAN, MATTHEW E.
6900 S. ORANGE BLOSSOM TRAIL
SUITE 100
ORLANDO FL 32809**

10. Name and Address of New Registered Agent

81 Name

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

7001 Lake Ellenor Drive Suite 100

83

84 City

Orlando

FL

85 Zip Code

32809

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PSID
NAME	SULLIVAN, MATTHEW E
STREET ADDRESS	6900 S. ORANGE BLOSSOM TRAIL, SUITE 100
CITY - ST - ZIP	ORLANDO FL 32809
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	7001 Lake Ellenor Drive, Suite 100
1.4 CITY - ST - ZIP	Orlando, FL 32809
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ 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 110.07(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, as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Matthew E Sullivan

4/18/95

407-858-9906