

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

CORPORATION
ANNUAL REPORT
1995



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

FILED

95 FEB 17 PM 3:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V62415 (7)

1. Corporation Name

BARTLETT AND O'SULLIVAN ASSOCIATES, INC.

Principal Place of Business

221 HOLLISTER WAY NORTH
GLASTONBURY CT 06033

Mailing Address

221 HOLLISTER WAY NORTH
GLASTONBURY CT 06033

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/08/1992

3a. Date of Last Report

02/22/1994

4. FBI Number

58-2007457

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

O'SULLIVAN, ELLEN L
5232 S. WINDING WAY
SIESTA KEY FL 34242

81 Name

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

83

84 City

FL

85

Zip Code

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

Ellen L. O'Sullivan

Signature, typed or printed name of registered agent and last if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

P

NAME

O'SULLIVAN, ELLEN

STREET ADDRESS

5332 S. WINDING WAY

CITY - ST - ZIP

SIESTA KEY FL

TITLE

S

NAME

O'SULLIVAN, ELLEN L.

STREET ADDRESS

5232 S. WINDING WAY

CITY - ST - ZIP

SIESTA KEY FL

TITLE

VP

NAME

BARTLETT, KATHY J.

STREET ADDRESS

31 BEECHER LANE

CITY - ST - ZIP

ROCKY HILL CT

TITLE

T

NAME

BARTLETT, KATHY J.

STREET ADDRESS

31 BEECHER LANE

CITY - ST - ZIP

ROCKY HILL CT

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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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)(b), 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 liquidator empowered to execute this report as required by Chapter 007, Florida Statutes; and that my name appears in Block 12 or Block 13 (if shareholder), or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TITLE OF OFFICER OR DIRECTOR

1/21/95 703.578.5558