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 # **012169** **(9)**

1. Corporation Name

ANDERSON-MCQUEEN COMPANY

Principal Place of Business	Mailing Address
2201 NINTH ST NORTH ST PETERSBURG FL 33704	2201 NINTH ST NORTH ST PETERSBURG FL 33704

3. Date Incorporated or Qualified: **04/27/1923**
3a. Date of Last Report: **02/27/1995**

2. Principal Place of Business — 21
Street Apt. #, etc. — 22
City & State — 23
Zip — 24 | Country — 25

2a. Mailing Address — 26
Street Apt. #, etc. — 27
City & State — 28
Zip — 29 | Country — 30

4. FEI Number: **59-0684119** ☐ 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

MCQUEEN, WILLIAM B.
2201 9TH STREET NORTH
ST PETERSBURG FL 33704

10. Name and Address of New Registered Agent

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 (Required) (New Registered Agent Signature required when applicable) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1 TITLE	DVS	☐ DELETE	1 TITLE	☐ Change ☐ Addition
1 NAME	ANDERS, MARGARET M.		2 NAME	
1 STREET ADDRESS	2201 9TH ST N		3 STREET ADDRESS	
1 CITY-ST-ZIP	ST PETERSBURG FL		4 CITY-ST-ZIP	
2 TITLE	DP	☐ DELETE	1 TITLE	☐ Change ☐ Addition
2 NAME	MCQUEEN, WILLIAM B.		2 NAME	
2 STREET ADDRESS	2201 9TH ST N		3 STREET ADDRESS	
2 CITY-ST-ZIP	ST PETERSBURG, FL 00000		4 CITY-ST-ZIP	
3 TITLE	DVT	☐ DELETE	1 TITLE	☐ Change ☐ Addition
3 NAME	MCQUEEN, JOHN T.		2 NAME	
3 STREET ADDRESS	2201 9TH ST N		3 STREET ADDRESS	
3 CITY-ST-ZIP	ST PETERSBURG FL		4 CITY-ST-ZIP	
4 TITLE		☐ DELETE	1 TITLE	☐ Change ☐ Addition
4 NAME			2 NAME	
4 STREET ADDRESS			3 STREET ADDRESS	
4 CITY-ST-ZIP			4 CITY-ST-ZIP	
5 TITLE		☐ DELETE	1 TITLE	☐ Change ☐ Addition
5 NAME			2 NAME	
5 STREET ADDRESS			3 STREET ADDRESS	
5 CITY-ST-ZIP			4 CITY-ST-ZIP	
6 TITLE		☐ DELETE	1 TITLE	☐ Change ☐ Addition
6 NAME			2 NAME	
6 STREET ADDRESS			3 STREET ADDRESS	
6 CITY-ST-ZIP			4 CITY-ST-ZIP	

CR2E034 (12/95)

14. I do hereby certify that the information indicated on this report or supplemental 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, added or deleted.

SIGNATURE: [signature] 1/25/95 813-822-2059

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

WILLIAM B. MCQUEEN PRESIDENT