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

APPROVED AND FILED

95 MAY -1 AM 11:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **355791** **(5)**

1. Corporation Name

DANIEL J. ANDERSON CORPORATION

100001509561
-06/09/95--01029--007
****200.00 ****200.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
LYDIA STREET P. O. BOX 358 CROSS CITY FL 32628	LYDIA STREET P. O. BOX 358 CROSS CITY FL 32628

3. Date Incorporated or Qualified: **11/20/1969**
3a. Date of Last Report: **03/28/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26

Suite, Apt. #, etc. — 22 / 27

City & State — 23 / 28

Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: **59-1308124** ☐ 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

ANDERSON,DANIEL J
111 CHAIRS STREET
P O BOX 358
CROSS CITY FL 32628

10. Name and Address of New Registered Agent

81 Name: Anderson, Patricia B.
82 Street Address (P.O. Box Number is Not Acceptable): 111 Chairs Street
83: P.O. Box 358
84 City: Cross City, FL 85 Zip Code: 32628

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: Patricia B. Anderson — Patricia B. Anderson — 3-8-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	11 TITLE	Anderson, Daniel S.	☒ Change ☐ Addition
NAME	ANDERSON, DANIEL J	12 NAME		
STREET ADDRESS	LYDIA STREET	13 STREET ADDRESS	Lydia Street	(Dece'd 11/94)
CITY-ST-ZIP	CROSS CITY FL	14 CITY-ST-ZIP	Cross City, FL	
TITLE	SDT	21 TITLE	PSDT	☒ Change ☐ Addition
NAME	ANDERSON, PATRICIA B	22 NAME	Anderson, Patricia B.	
STREET ADDRESS	LYDIA STREET	23 STREET ADDRESS	Lydia Street	
CITY-ST-ZIP	CROSS CITY FL	24 CITY-ST-ZIP	Cross City, Fl	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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)(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 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: Patricia B. Anderson — Patricia B. Anderson — 3/8/95 — (904) 498-3279
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

0412506 FP