

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 19, 2002 8:00 am
Secretary of State

08-19-2002 90150 001 ***550.00

DOCUMENT # 364806

1. Entity Name
ANDERSON INDUSTRIES INC

Principal Place of Business Mailing Address
12116 CR 252 **12116 CR 252**
MC ALPIN FL 32062 **MC ALPIN FL 32062**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-1296174** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

ANDERSON, CLYDE C JR
12116 COUNTY RD 252
MCALPIN, FL
MCALPIN FL 32062

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$550.00
After September 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	ST	<input type="checkbox"/> Delete
NAME	ANDERSON, LINDA G	
STREET ADDRESS	12116 CR 252	
CITY-ST-ZIP	MC ALPIN FL 32062	
TITLE	PD	<input type="checkbox"/> Delete
NAME	ANDERSON, CLYDE C JR	
STREET ADDRESS	12116 COUNTY RD 252	
CITY-ST-ZIP	MC ALPIN FL 32062	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Linda G Anderson*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-16-02 906-362-4322
 Date Daytime Phone #

9-75-1999



DO NOT WRITE IN THIS SPACE

CR2E034 (4/02)