

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

PROFIT
CORPORATION
ANNUAL REPORT

1996



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

DOCUMENT # 466255 (7)

1. Corporation Name
ANDERSON AND SONS, INC.



Principal Place of Business

1401 NO. TAMiami TRAIL
BOX 1414
RUSKIN FL 33570

Mailing Address

1401 NO. TAMiami TRAIL
BOX 1414
RUSKIN FL 33570

2. Principal Place of Business

2a. Mailing Address

21

State, Apt. #, etc.

26

State, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

ANDERSON, JAMES F.
1401 N TAMiami TRAIL
RUSKIN FL 33570

81 Name

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

83

84 City

FL 85 Zip Code

3. Date Incorporated or Qualified
12/16/1974

3a. Date of Last Report
03/13/1995

4. FEI Number
59-1579143

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

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.05(2) and 607.13(4), 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 approved 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 607.05(2), Florida Statutes.

SIGNATURE

Signature of the person accepting appointment as registered agent

Signature of the person accepting appointment as registered agent

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
	PST ANDERSON, JAMES F.	3941 24TH ST SE	RUSKIN FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY, ST, ZIP	5. TITLE	6. NAME	7. STREET ADDRESS	8. CITY, ST, ZIP	9. TITLE	10. NAME	11. STREET ADDRESS	12. 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(9)(k), Florida Statutes, a further statement is not required on this annual report or supplementary annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am the Secretary of the corporation or the person or persons authorized to execute this report as required by Chapter 607, Florida Statutes; and that my name has not been changed or changed since the last filing.

SIGN HERE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/96

645-4184



DATE OF FILING

CR2E034 (12/95)