

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Jan 15 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 530103 (1)

1. Corporation Name

FRANK P. ANDERSON & ASSOCIATES, INC.

Principal Place of Business

2231 HEATHGREEN PLACE SOUTH  
JACKSONVILLE FL 32246-7225  
US

Mailing Address

P. O. BOX 5550  
JACKSONVILLE FL 32247-2550

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/01/1977

4. FEI Number

59-1725943

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

HOLBROOK, H. LEON  
2301 INDEPENDENT SQUARE  
JACKSONVILLE FL 32202

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	V	<input type="checkbox"/> DELETE
NAME	ANDERSON, JAN	
STREET ADDRESS	240 N BAYSHORE BLVD #107	
CITY-ST-ZIP	CLEARWATER FL	

TITLE	V	<input type="checkbox"/> DELETE
NAME	MATHEWS, ANDREA A.	
STREET ADDRESS	2231 HEATH GREEN PL SO	
CITY-ST-ZIP	JACKSONVILLE FL	

TITLE	S	<input type="checkbox"/> DELETE
NAME	ANDERSON, MARGIE P.	
STREET ADDRESS	4600 MIDDLETON PARK CIR. EAST APT. 412B	
CITY-ST-ZIP	JACKSONVILLE FL	

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ANDERSON, FRANK P.	
STREET ADDRESS	4600 MIDDLETON PARK CIR. EAST, APT. 412B	
CITY-ST-ZIP	JACKSONVILLE FL	

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

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

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

14. 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 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:

*Frank P. Anderson* FRANK P. ANDERSON  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-5-98

(904) 220-2226

Date

Daytime Phone #

0046083

CR2E034 (10/97)