FOR PROFIT CORPORATION

FILED Apr 09, 2004 8:00 am Secretary of State 04-09-2004 90067 017 ***150.00

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DOCUMENT # 530103	,	
1. Entity Name FRANK P. ANDERSON & ASSOCIATES IN	<i>ر</i> د.	
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	O NOT WRIT		SPACE				•
2. Principal Place	of Business	Mailing Address				5	4029884
2. Principal Place of Business 2.231 HEATHGREN RACE PMB 34-8		4-8					
Suite, Apt. #, e	etc.	Suite, Apt. #, etc.	BUD Sur	- 10	DO NOT	WRITE IN THIS SPA	√CĒ
City & State		14286BEACH City & State	1024D.,0011	4	El Number	•	Applied For
JACKSON	VILLE. FL	JACKSONY	ILLE BEACH	FL	59-1723	5943	Not Applicable
Zip	_ Country	Zip _	Country	'	Certificate of Status Desi	€0	3.75 Additional
322467	225 DUVAL	32250	DUVAL	3 . \	Sertificate of Status Desi	Fee Fee	e Required
All Market Street, and a second secon		5. 6.		7. Na	me and Address of Cu	rrent Registered A	gent
			Name	OLBA	OOK . H	LFON	
SW SW SW SW S	DO_NOT_V	VKILE	-Street A	ddress (P.O. B	ox:Number is: Not Accer	uable)	OUDDE
A Committee of the Comm	IN THIS S	PACE	2.	50/	NUE PERMI	JENI S	QUARE
			is d				
The Control of the Co			City 7	AN WCA	ONVILLE	FI	Zip Code
S The chave per	med entity submits this statemen	t for the purpose of changing					32107
	of registered agent.	tion the purpose of changing	its registered office of	registered ag	ent, or boin, in the State	or riolida. Familiani	na: with, and accept
SIGNATURE	ature, typed or printed name of registered ag	A STATE OF THE STA	NOTE: Registered Agent signati			DATE	
AR A	ry 1 - May 1 Fee Is \$150.00 er May 1, Fee Is \$550.00 mended UBR Is \$61.25 yable to Florida Department	of State			9. Election Campaig Trust Fund Contri	·	\$5.00 May Be Added to Fees
10.	OFFICERS AN	ND DIRECTORS					
TITLE V			TITLE				
NAME:	NDERSON, JAN GOOMIDDLETON PARI	0: O==	NAME				
STREET ADDRESS CITY-ST-ZIP	GOOMID DLETON PARI	K CIREAST 17PI. 4	STREET ADDRESS		S 5 5		
J	ACKSONVILLE, FL	32224 6623			i jernis romanasi roji risavirija j		* 2
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STREET ADDRESS	WORKSON, ETON	tire Cir, East-Ap	4/18 TREET ADDRESS				
CITY-ST-ZIP	NOERSON, FRANK, LGOO MIDDLETON! LCKSON VILLE, FL	32244-6623	CITY-ST-ZIP	المراجعة والمعارب والمعارب والمعارب	DO NO	T WRIT	
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NAME			NAME	2 *		* * ·	
STREET ADDRESS			STREET ADDRESS			. ,	

12. 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 10 or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

CR2E034B (12/02)