## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97; \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997

CRESTMEW FL 32536



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

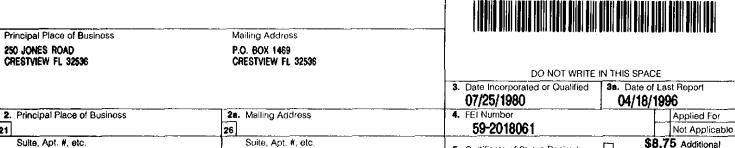
Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 679765

(8)

H & G ANDERSON ASSOCIATES, INC.

FILED
Sep 04 1997 8:00am
Secretary of State



5. Certificate of Status Desired Fee Regulred 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution П Added to Fees 23 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible ☐ No 24 25 30 Personal Proporty Tax due June 30. ☐ Yes 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name ANDERSON, HELEN T. 250 JONES RD. 82 Street Address (P.O. Box Number is Not Acceptable)

84 City 85 Ziri Code

83

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 little if applicable (NOTE Registered Agent a gnature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.1 TITLE ANDERSON, HELEN T. NAME 1.2 NAME 250 JONES RD. STREET ADDRESS 1.3 STREET ADDRESS CRESTVIEW FL CITY-ST-ZIP 1.4 CITY - ST - ZIP STD DELETE Change Addition TITLE 2.1 TITLE ANDERSON, LARRY W. NAME 22 NAME RT. 1, BOX 429 STREET ADDRESS 2.3 STREET ADDRESS OPP AL 2.4 CITY-ST-ZIP CITY-ST-ZIP VD **DELETE** Change Addition | TITLE 3.1 TITLE COOK, GREGORY S. NAME 3.2 NAME RT. 2 BOX 50-A STREET ADDRESS 3.3 STREET ADDRESS BAKER FL CITY-ST-ZIP 3.4. City-St-ZiP TITLE DELETE 4 1 TITLE Change \_\_\_ Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Addition 5.1 TITLE ☐ Change TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 54 DITY-ST-ZIP CITY-ST-ZIP DELETE 61 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

CITY-ST-ZIF 6.4 CITY - \$1 - ZIP 14. I do hereby certify that the information supplied with this filling 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 12 if changed, or on an attackment with an address.

SIGNATURE

(850)682-8784 8-28-97