FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAR -2 PM 3:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 685087 (9)

1. Corporation Name
WARREN ANDERSON ASSOCIATES, INC.

Principal Place of Business
% WARREN K ANDERSON
2058 BEACH AVENUE
ATLANTIC BCH. FL 32233

Mailing Address
% WARREN K ANDERSON
2058 BEACH AVENUE
ATLANTIC BCH. FL 32233

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/22/1980
3a. Date of Last Report: 03/10/1994

2. Principal Place of Business
21 3121 S. Ponte Vedra Blvd.
22 Suite, Apt. #, etc.
23 City & State: S. Ponte Vedra Beach, FL
24 Zip: 32082
25 Country: St. Johns

2a. Mailing Address
26 3121 S. Ponte Vedra Blvd.
27 Suite, Apt. #, etc.
28 City & State: S. Ponte Vedra Beach, FL
29 Zip: 32082
30 Country: St. Johns

4. FEI Number: 59-2016254 ☐ 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

9. Name and Address of Current Registered Agent

ANDERSON, WARREN K
2058 BEACH AVENUE
ATLANTIC BCH. FL 32233

10. Name and Address of New Registered Agent

81 Name: Anderson, Warren K.
82 Street Address (P.O. Box Number is Not Acceptable)
83: 3121 S. Ponte Vedra Blvd.
84 City: S. Ponte Vedra Beach
FL
85 Zip Code: 32082

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P ☐ Change ☐ Addition
NAME	ANDERSON, WARREN K	1.2 NAME	Anderson, Warren K.
STREET ADDRESS	2058 BEACH AVENUE	1.3 STREET ADDRESS	3121 S. Ponte Vedra Blvd.
CITY-ST-ZIP	ATLANTIC BCH. FL	1.4 CITY-ST-ZIP	S. Ponte Vedra Beach, FL 32082
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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(3)(k), 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: Warren K. Anderson
SIGNATURE AND TYPED OR PRINTED NAME OF DIGNING OFFICER OR DIRECTOR

January 17, 1995
Date

(904) 824-7732
Area Code & Daytime Phone Number

0010050 CP