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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **852333** **(4)**

1. Corporation Name
ANDREW & DAWSON, INC.

Principal Place of Business	Mailing Address
P.O. BOX 6205 (1709 FOREST AVE.) MONTGOMERY AL 36106-1543	P.O. BOX 6205 (1709 FOREST AVE.) MONTGOMERY AL 36106-1543

3. Date Incorporated or Qualified: 03/25/1982
3a. Date of Last Report: 02/23/1996
4. FEI Number: 63-0791679 ☐ 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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

DAWSON, M. T.
318 BAY POINT, TURTLEGRASS VILLAS
PANAMA CITY FL 32407

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City **FL** 35 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 _____ 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	PTD ☐ DELETE	1.1 TITLE	Chairman ☐ Change ☐ Addition
NAME	DAWSON, M. TAYLOR, JR.	1.2 NAME	Dawson, M. Taylor, Jr
STREET ADDRESS	3394 THOMAS AVENUE	1.3 STREET ADDRESS	same
CITY-ST-ZIP	MONTGOMERY AL	1.4 CITY-ST-ZIP	, 36111
TITLE	VD ☐ DELETE	2.1 TITLE	President ☐ Change ☐ Addition
NAME	MOSELEY, MICHAEL F.	2.2 NAME	Moseley, Michael F.
STREET ADDRESS	ROUTE 2	2.3 STREET ADDRESS	same
CITY-ST-ZIP	RAMER AL	2.4 CITY-ST-ZIP	36069
TITLE	SD ☐ DELETE	3.1 TITLE	Vice President ☐ Change ☐ Addition
NAME	DAWSON, MARTHA JANE H.	3.2 NAME	Bush, Charles W.
STREET ADDRESS	3394 THOMAS AVENUE	3.3 STREET ADDRESS	Route 1, Box 146
CITY-ST-ZIP	MONTGOMERY AL	3.4 CITY-ST-ZIP	Grady, AL 36036
TITLE	☐ DELETE	4.1 TITLE	Sec./Treas. ☐ Change ☐ Addition
NAME		4.2 NAME	Bigelow, Ruth E.
STREET ADDRESS		4.3 STREET ADDRESS	124 Co. Rd. 68, East
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Deatsville, AL 36022
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

14. I do 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: M. T. Dawson 4/3/97 334-269-1891
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0476474