


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

FILED

Apr 17 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 # **852333** (4)
1. Corporation Name
ANDREW & DAWSON, INC.

Principal Place of Business P.O. BOX 6205 (1709 FOREST AVE.) MONTGOMERY AL 36106-1543	Mailing Address P.O. BOX 6205 (1709 FOREST AVE.) MONTGOMERY AL 36106-1543
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 03/25/1982	
4. FEI Number 63-0791679		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

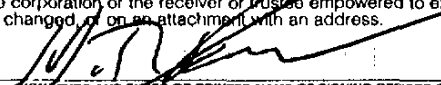
9. Name and Address of Current Registered Agent DAWSON, M. T. 318 BAY POINT, TURTLEGRASS VILLAS PANAMA CITY FL 32407				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL	
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11. 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAWSON, M. TAYLOR, JR.	1.2 NAME	
STREET ADDRESS	3394 THOMAS AVENUE	1.3 STREET ADDRESS	
CITY - ST - ZIP	MONTGOMERY AL	1.4 CITY - ST - ZIP	
TITLE	PRES	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOSELEY, MICHAEL F.	2.2 NAME	
STREET ADDRESS	ROUTE 2	2.3 STREET ADDRESS	
CITY - ST - ZIP	RAMER AL	2.4 CITY - ST - ZIP	
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAWSON, MARTHA JANE H.	3.2 NAME	
STREET ADDRESS	3394 THOMAS AVENUE	3.3 STREET ADDRESS	
CITY - ST - ZIP	MONTGOMERY AL	3.4 CITY - ST - ZIP	
TITLE	VP	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUSH, CHARLES W	4.2 NAME	
STREET ADDRESS	ROUTE 1, BOX 148	4.3 STREET ADDRESS	
CITY - ST - ZIP	GRADY AL	4.4 CITY - ST - ZIP	
TITLE	ST	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIGELOW, RUTH E	5.2 NAME	
STREET ADDRESS	124 CO RD 68, EAST	5.3 STREET ADDRESS	
CITY - ST - ZIP	DEATSVILLE AL	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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:  4/9/98 334-2691891

CR2E034 (10/97)