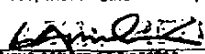


PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 857563 1. Corporation Name ROY ANDERSON CORP.			
Principal Place of Business 11400 REICHOLD RD. GULFPORT MS 39603 US		Mailing Address 11400 REICHOLD RD. GULFPORT MS 39603 US	
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business		3. Date Incorporated or Qualified	
21	2a. Mailing Address	08/29/1983	
Suite, Apt. #, etc.		4. PEI Number	
22	26	64-0407330	
City & State		5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
23	27	6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees	
Zip		7. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No	
24	28	8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No	
Country		9. Name and Address of Current Registered Agent	
25	29	10. Name and Address of New Registered Agent	
30		81 Name	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	
		FL 85 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			
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C ☐ DELETE	1.1 TITLE	SECRETARY /DIRECTOR ☒ Change ☐ Addition
NAME	ANDERSON, ROY, JR.	1.2 NAME	ANDERSON, ROY, JR.
STREET ADDRESS	11400 REICHOLD RD.	1.3 STREET ADDRESS	11400 REICHOLD ROAD
CITY-ST-ZIP	GULFPORT MS	1.4 CITY-ST-ZIP	GULFPORT, MS
TITLE	ST ☒ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	ANDERSON, LOUISE M.	2.2 NAME	
STREET ADDRESS	11400 REICHOLD RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	GULFPORT MS	2.4 CITY-ST-ZIP	
TITLE	P ☐ DELETE	3.1 TITLE	C/D/P/T ☒ Change ☐ Addition
NAME	ANDERSON, ROY III	3.2 NAME	ANDERSON, ROY III
STREET ADDRESS	11400 REICHOLD RD.	3.3 STREET ADDRESS	11400 REICHOLD ROAD
CITY-ST-ZIP	GULFPORT MS	3.4 CITY-ST-ZIP	GULFPORT, MS
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	
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	

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, with all other like empowered.

SIGNATURE: ROY ANDERSON, III 
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/99

228-896-4000

Date

Daytime Phone #

C/R2E034 (11/98)