## 2003 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT# 857563** 

Entity Name: ROY ANDERSON CORP.

FILED Mar 26, 2003 Secretary of State

Current P	rincipal Place	of Business:	New Prince	New Principal Place of Business:			
	ICHOLD RD. RT, MS 39503	US					
Current M	lailing Addres	s:	New Maili	New Mailing Address:			
P.O. BOX GULFPOF	2 RT, MS 39502						
FEI Number	: 64-0407330	FEI Number Applied For()	FEI Number Not App	licable ( )	Certificate of Status Desire	ed ( )	
Name and	d Address of C	Surrent Registered Agent:	Name and	Address of N	lew Registered Agent:		
1200 S. PI PLANTAT	ORATION SYS NE ISLAND RO ION, FL 33324	DAD US					
	e named entity s e of Florida.	submits this statement for the	purpose of changing	its registered o	ffice or registered agent,	or both,	
SIGNATU	RE:						
	Electror	ic Signature of Registered A	gent		Date		
OFFICER	S AND DIREC				TO OFFICERS AND DI	RECTOR	
Title: Name: Address: City-St-Zip:	SD ( ) ANDERSON, R 11400 REICHO GULFPORT, M	LD RD.	Title: Name: Address: City-St-Zip:	( )	Change ( ) Addition		
Title: Name: Address: City-St-Zip:	CDP ( ) ANDERSON, R 11400 REICHO GULFPORT, M	LD RD.	Title: Name: Address: City-St-Zip:	( )	Change ( ) Addition		
Title: Name: Address: City-St-Zip:	V ( ) BROOKS, R. S' 11400 REICHO GULFPORT, M	LD RD.	Title: Name: Address: City-St-Zip:	( )	Change ( ) Addition		
Title: Name: Address: City-St-Zip:	V ( ) BAIRD, THOMA 11400 REICHO GULFPORT, M	LD RD.	Title: Name: Address: City-St-Zip:	V (X) ROBBINS, RON 11400 REICHO GULFPORT, MS	LD RD.		
Title: Name: Address: City-St-Zip:	T ( ) VOLLENWEIDE 11400 REICHO GULFPORT, M	LD RD.	Title: Name: Address: City-St-Zip:	C (X) NANCE, MADEI 11400 REICHO GULFPORT, M	LD RD.		
Title: Name: Address: City-St-Zip:	V ( ) WHITE, DAVID 11400 REICHO GULFPORT, M		Title: Name: Address: City-St-Zip:	( )	Change ( ) Addition		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MADELINE NANCE C 03/26/2003

DON ROBERTS, VICE-PRESIDENT 11400 REICHOLD ROAD PO BOX 2 GULFPORT, MS 39502

BOB OVERTON, VICE-PRESIDENT 11400 REICHOLD ROAD PO BOX 2 GULFPORT, MS 39502

TERRY ROBINSON, VICE-PRESIDENT 11400 REICHOLD ROAD PO BOX 2 GULFPORT, MS 39502

TOXEY BARNES, VICE-PRESIDENT 11400 REICHOLD ROAD PO BOX 2 GULFPORT, MS 39502

ROBERT P. VOLLENWEIDER, VICE-PRESIDENT 11400 REICHOLD ROAD PO BOX 2 GULFPORT, MS 35902