

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

DOCUMENT # F07416 (3)

1. Corporation Name

WILLIAM F. ANDREW & ASSOCIATES, INC.

95 MAY -1 PM 11:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1818 5TH STREET SE
P.O. BOX 9226
WINTER HAVEN FL 33880

Mailing Address

1818 5TH STREET SE
P.O. BOX 9226
WINTER HAVEN FL 33880

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

12/02/1980

3a. Date of Last Report

04/13/1994

4. FEI Number

59-2042450

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

21 1818 FIFTH ST. S.E.

Suite, Apt. #, etc.

22

City & State

23 WINTER HAVEN, FL

Zip

24 33880

Country

25 USA

2a. Mailing Address

26 P.O. BOX 9226

Suite, Apt. #, etc.

27

City & State

28 WINTER HAVEN, FL

Zip

29 33880

Country

30 USA

9. Name and Address of Current Registered Agent

ANDREW, WILLIAM F.
1818 5TH STREET S.E.
WINTER HAVEN FL 33880

10. Name and Address of New Registered Agent

81 Name

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

William F. Andrew
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

04/25/95

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ANDREW, WILLIAM F.
STREET ADDRESS	1818 5TH STREET SE
CITY - ST - ZIP	WINTER HAVEN FL
TITLE	SD
NAME	ANDREW, CAROL M.
STREET ADDRESS	1818 5TH STREET SE
CITY - ST - ZIP	WINTER HAVEN FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 110.07(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:

William F. Andrew
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
WILLIAM F. ANDREW

04/25/95

813/299-4767