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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 # **F22295** **(2)**

1. Corporation Name
ANDREA DEVELOPMENT CORPORATION

Principal Place of Business	Mailing Address
1270 N. EGLIN PARKWAY. SUITE D POST OFFICE BOX 857 SHALIMAR FL 32579 US	PO BOX [redacted]-857 SHALIMAR FL 32579-0857 US

3. Date Incorporated or Qualified: 03/06/1981
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26 P.O. BOX 857
Suite, Apt. #, etc.
27
City & State
28 SHALIMAR, FL
Zip 29 32579 Country 30 OKaloosa

4. FEI Number: 59-2203844 ☐ 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

9. Name and Address of Current Registered Agent

ANCHORS, C. LEDON
909 MAR WALT PROFESSIONAL CNTR
STE 1014
FT WALTON BCH FL 32548

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable.

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	V	☐ DELETE	1.1 TITLE		☒ Change ☒ Addition
NAME	TESSIER, PAUL R.		1.2 NAME		
STREET ADDRESS	556 CORAL COURT #12		1.3 STREET ADDRESS		
CITY-ST-ZIP	FT. WALTON BEACH FL		1.4 CITY-ST-ZIP	Ft Walton Beach FL 32548	
TITLE	PD	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	BEUKENKAMP, FELIX A.		2.2 NAME		
STREET ADDRESS	101 BAYWIND DRIVE.		2.3 STREET ADDRESS		
CITY-ST-ZIP	NICEVILLE FL		2.4 CITY-ST-ZIP	Niceville FL 32578	
TITLE	DST	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	STONE, WILLIAM F.		3.2 NAME		
STREET ADDRESS	204 NE BUCK DR		3.3 STREET ADDRESS		
CITY-ST-ZIP	FT WALTON BCH FL		3.4 CITY-ST-ZIP	Ft Walton Beach FL 32548	
TITLE	D	☐ DELETE	4.1 TITLE		☒ Change ☐ Addition
NAME	CASSADY, PAUL		4.2 NAME		
STREET ADDRESS	1041 JOHN SIMS PARKWAY		4.3 STREET ADDRESS		
CITY-ST-ZIP	NICEVILLE FL		4.4 CITY-ST-ZIP	Niceville FL 32578	
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	CARUCCI, MICHAEL		5.2 NAME		
STREET ADDRESS	348 SW MIRACLE STRIP PKWY., STE 39		5.3 STREET ADDRESS		
CITY-ST-ZIP	FT. WALTON BCH. FL 32548		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: [signature] 4/11/97 904-657 8673
FELIX A. BEUKENKAMP, PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0492727