

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

**FILED**  
**Apr 27, 1999 8:00 am**  
**Secretary of State**

04-27-1999 90002 017 \*\*\*150.00

004947

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # F33583**

1. Corporation Name  
**MANDARIN FOAM, INC.**

**Principal Place of Business**

11323 PHILIPS PKWY DR. E.  
JACKSONVILLE FL 32256  
US

**Mailing Address**

11323 PHILIPS PKWY DR. E.  
JACKSONVILLE FL 32256  
US

DO NOT WRITE IN THIS SPACE

**3. Date Incorporated or Qualified**

**05/06/1981**

**4. FEI Number**

**59-2051816**

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 owes the current year Intangible  
Personal Property Tax.** ☐ Yes ☐ No

**2. Principal Place of Business**

21 Suite, Apt. #, etc.

**23. City & State**

24 Zip 25 Country

**2a. Mailing Address**

26 Suite, Apt. #, etc.

**28. City & State**

29 Zip 30 Country

**9. Name and Address of Current Registered Agent**

**ANDERSON, RAYMOND L.  
2963 CLAIRBORO ROAD  
JACKSONVILLE FL 32223**

**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 607.0507 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 reinstating)

DATE

**12. OFFICERS AND DIRECTORS**

TITLE **STD** ☐ DELETE

NAME **ANDERSON, HELENS**  
STREET ADDRESS **2963 CLAIRBORO ROAD**  
CITY-STATE-ZIP **JACKSONVILLE, FL 00000**

TITLE **PD** ☐ DELETE

NAME **ANDERSON, RAYMOND L.**  
STREET ADDRESS **2963 CLAIRBORO ROAD**  
CITY-STATE-ZIP **JACKSONVILLE, FL 00000**

TITLE **V** ☐ DELETE

NAME **ANDERSON, MICHAEL R.**  
STREET ADDRESS **2963 CLAIRBORO RD.**  
CITY-STATE-ZIP **JACKSONVILLE FL**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-STATE-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-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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:** *H. E. Anderson* *Helel S. Anderson* *4-23-99* *904-262-1351*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)