

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

FILED

Apr 21 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F73038

(4)

1. Corporation Name  
ANDERSON MOTORS, INC.

Principal Place of Business

Mailing Address

~~7400 SIMMONS STREET~~  
~~BROOKSVILLE FL 34013~~

~~7400 SIMMONS STREET~~  
~~BROOKSVILLE FL 34013-0100~~



2. Principal Place of Business	2a. Mailing Address
21 ANDERSON MOTORS INC Suite, Apt. #, etc.	26 Anderson Motors, Inc.
22 18744 CORTEZ BLVD	27 5343 Barclay Ave.
23 Brooksville, FL	28 Brooksville, FL 34609
24 Zip 34601	29 Country
25 HERNANDO	30 Country

3. Date Incorporated or Qualified 03/23/1982	3a. Date of Last Report 04/05/1996
4. FEI Number 59-2172225	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ANDERSON, LARRY D

81 Name

ANDE490\* 346133136 1B96 01/03/97  
NOTIFY SENDER OF NEW ADDRESS  
ANDERSON MOTORS INC ST 06  
5343 BARCLAY AVE  
BROOKSVILLE FL 34609-8741 mailing  
Address

Street Address (P.O. Box Number is Not Acceptable)

City

FL

85 Zip Code

I, named corporation submits this statement for the purpose of changing its registered  
the corporation's board of directors. I hereby accept the appointment as registered

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, LARRY D	1.2 NAME	
STREET ADDRESS	7400 SIMMONS ST	1.3 STREET ADDRESS	
CITY - ST - ZIP	BROOKSVILLE FL BARCLAY	1.4 CITY - ST - ZIP	
TITLE	VTS	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, BARBARA A	2.2 NAME	
STREET ADDRESS	7400 SIMMONS ST	2.3 STREET ADDRESS	
CITY - ST - ZIP	BROOKSVILLE FL BARCLAY	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-14-97 352  
796-5100

CR2E034 (9/96)