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May 19 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F92402 (9)

1. Corporation Name
ANCHOR PROPERTY DEVELOPMENT, INC.



Principal Place of Business

% WILLIAM M SKIPPER, JR
520 SO FLORIDA AVENUE
LAKELAND FL 33801

Mailing Address

% WILLIAM M SKIPPER, JR
520 SO FLORIDA AVENUE
LAKELAND FL 33801-5229

3. Date Incorporated or Qualified 07/22/1982	3a. Date of Last Report 03/25/1996
4. FEI Number 59-2213104	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" 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 checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Zip
Country	Country
24	25
29	30

9. Name and Address of Current Registered Agent

SKIPPER, WILLIAM M., JR
520 SO FLORIDA AVENUE
LAKELAND FL 33801

10. Name and Address of New Registered Agent

81 Name George M. Lindsey III
82 Street Address (P.O. Box Number is Not Acceptable) 520 S. Florida Ave.
83
84 City Lakeland
85 Zip Code FL 33821

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: George M. Lindsey III, Pres. 4/1/97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALLEN, RALPH C	1.2 NAME	George M. Lindsey III
STREET ADDRESS	2235 COLLINS LANE	1.3 STREET ADDRESS	1631 Lagon Place
CITY-ST-ZIP	LAKELAND, FL 00000	1.4 CITY-ST-ZIP	Lakeland, FL
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FERGUSON, KENNETH G S	2.2 NAME	Edward M. Skipper
STREET ADDRESS	1225 ROLLING WOODS LANE	2.3 STREET ADDRESS	721 Glendale Street
CITY-ST-ZIP	LAKELAND, FL 00000	2.4 CITY-ST-ZIP	Lakeland, FL
TITLE	DP <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SKIPPER, W M, JR	3.2 NAME	
STREET ADDRESS	721 WEDGEWOOD LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND, FL 00000	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, THOMAS W, JR	4.2 NAME	
STREET ADDRESS	210 NEPTUNE RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	AUBURDALE, FL 00000	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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: George M. Lindsey III 4/1/97 941-682-6123
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)