

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

FILED
May 08 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 # F96000000758 (0)

1. Corporation Name
S.C. ANDERSON, INC.



Principal Place of Business
**P.O. BOX 81747
 BAKERSFIELD CA 93380-1747**

Mailing Address
**P.O. BOX 81747
 BAKERSFIELD CA 93380-1747**

3. Date Incorporated or Qualified 02/14/1996	3a. Date of Last Report
4. FEI Number 94-2903107	Applied For 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	

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

9. Name and Address of Current Registered Agent
ACCURATE FILING AND SEARCH
3424-18 OLD ST AUGUSTINE ROAD
TALLAHASSEE FL 32311

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____ DATE _____
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	ANDERSON, STEVEN C	
STREET ADDRESS	2160 MARS COURT	
CITY-ST-ZIP	BAKERSFIELD CA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	OLSON, ROD	
STREET ADDRESS	2160 MARS COURT	
CITY-ST-ZIP	BAKERSFIELD CA	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	ANDERSON, STEVEN S	
STREET ADDRESS	2160 MARS COURT	
CITY-ST-ZIP	BAKERSFIELD CA	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	ANDERSON, LEIGH A	
STREET ADDRESS	2160 MARS COURT	
CITY-ST-ZIP	BAKERSFIELD CA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BURZYCH, PAUL J	
STREET ADDRESS	2160 MARS COURT	
CITY-ST-ZIP	BAKERSFIELD CA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 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 after month _____, address _____.

SIGNATURE: _____ DATE: _____ DAYTIME PHONE: 805 392-7000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)