FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **H61112** **(9)**

1. Corporation Name

ANDALL INDUSTRIES, INC.

Principal Place of Business	Mailing Address
5151-3 SUNBEAM ROAD 2863 EVERCHARM PLACE JACKSONVILLE FL 32257 US	SIDNEY J. SIEGEL 2863 EVERCHARM PLACE JACKSONVILLE FL 32257

3. Date Incorporated or Qualified: **06/05/1985**
3a. Date of Last Report: **03/24/1995**

4. FEI Number: **22-2197675** ☐ 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

2. Principal Place of Business	2a. Mailing Address
21	26 Sidney J. Siegel
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc. 5151-3 Sunbeam Road
23 City & State	28 City & State Jacksonville, FL
24 Zip / 25 Country	29 Zip 32257 / 30 Country Duval

9. Name and Address of Current Registered Agent

SIEGEL, SIDNEY J.
2863 EVERRCHARM PLACE
JACKSONVILLE FL 32217

10. Name and Address of New Registered Agent

81 Name: Sidney J. Siegel

82 Street Address (P.O. Box Number is Not Acceptable): 8787 Southside Blvd. Apt.#5016

83 Jacksonville, Florida 32256

84 City: Jacksonville FL 85 Zip Code: 32256

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 (if applicable) (NEW Registered Agent signature required when changing) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	SIEGEL, SIDNEY J.		1.2 NAME	Sidney J. Siegel	
STREET ADDRESS	2863 EVERCHARM PLACE		1.3 STREET ADDRESS	8787 Southside Blvd Apt #5016	
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY ST ZIP	Jacksonville, Fl 32256	
TITLE	STD	☐ DELETE	2.1 TITLE	STD	☒ Change ☐ Addition
NAME	SIEGEL, RONA L.		2.2 NAME	Rona L. Siegel	
STREET ADDRESS	2863 EVERCHARM PLACE		2.3 STREET ADDRESS	8787 Southside Blvd. Apt. #5016	
CITY-ST-ZIP	JACKSONVILLE FL		2.4 CITY ST ZIP	Jacksonville, FL 32256	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY ST ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY ST ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			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 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Sidney J. Siegel 3/27/96 904-733-1666

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #