## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUN 1. Corporation		# J451	26	(6	)								
,		ANDOW, INC.		_	-								
Principal Place	of Business		M	lailing Address					1 1481110 0314 01001 35181 11040 014			ill Tibli Bibli 1001	
7414 6 SR 52 STE 6				7414 6 SR 52									
BAYONET PT FL 34667				STE 6 BAYONET PT FL 34667									
								3. Date incorporated or Qualified 11/26/1986		e of Last Re 07/14/19	'		
2. Principal Place of Business				2a. Mailing Address					4, FEI Number			Applied For	
21				·6					<b>59-1902325</b> Not Applicable				
Suite, Apt, #, etc.				Suite, Apl. #, etc.					5. Certificate of Status Desired			Additional Required	
City & State				City & State					6. Election Campaign Financing			0 May Be	
23			28						Trust Fund Contribution			d to Fees	
Zip <b>24</b>	Country 25			Zip Country					8. This corporation has liability for intangible tax under s 199.032, Florida Statutes  Yes No				
	9. Name	and Address of Curr	ent Regis	stered Agent		Ţ			10. Name and Address of New R	egistered	Agent		
						81	Name	;					
FRITCH, JAYNE L.						82	Street	Addres	ddress (P.O. Box Number is Not Acceptable)				
9141 FARMINGTON LN PORT RICHEY FL 34668						83			***************************************	· · · · · · · · · · · · · · · · · · ·			
						84	City			FL	85 Zip	o Code	
11. Pursuant t	o the provision	ons of Sections 607.05	02 and 60	07.1508, Florida St.	itutes, the a	bove i	named c	corporat	ion submits this statement for the pur of directors. I hereby accept the app	ware of ch	anaioa ita r	egistered office	
familiar wit	n, and accer	of the obligations of, Se $^{\circ}$	ection 607.	.0505, Florida State	utes.	a corp	Granoite	s Doard	or orectors, i hereby accept the appr	omunent a:	s reg <sub>i</sub> stereo	agent. I am	
SIGNATURE _	Signatura based a	or printed name of majstered ag	and much tille it	a u deutok	(NOTE: Registe		t a seath and		And a state of the	DATE			
12.	9 9 10 10 10 10 10 10 10 10 10 10 10 10 10	OFFICERS A			13		it a grian inc.	Terquired W	ADDITIONS/CHANGES TO OFF		D DIRECTO		
TITLE	DP			DELETÉ		1 TITLE		1			Change	Addition	
NAME	FRITC	H, JAYNE L.			12	NAME						1	
STREET ADDRESS		Farmington LN			1.3	STREET	ADDRESS						
CITY - S1 - ZIP		RICHEY FL			1.4	CITY-S	1-712						
TITLE	DV			[] DELETE	2	TITLE					Change	Addition	
NAME				22									
OTOEST ADDRESS 18535 WELLBORN LN. CHY-ST-ZIP SPRING HILL FL							2.3 STREET ADDRESS						
TITLE	SPHIN	G MILL FL		DELETE		CITY-S 1 THLE	1 - 718				C) Chases	C Addain	
NAME				prese		NAME					☐ Change	Addition	
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NAME						NAME							
STREET ADDRESS							ADDRESS						
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TITLE				[] DELETE		1 1:TLE			TO THE STATE OF TH		Change	Addition	
NAME					5 2	NAME						ļ	
STREET ADDRESS					5.3	STREET	ADDRESS	-					
CITY-ST-ZIP	<b></b>			<u></u>	5.4	CITY-S	T-ZIP	1	A M. U.S				
TITLE				DELETE	6	TITLE					Change	Addition	
NAME					6.2	NAME		1					
STREET ADDRESS					6.3	STREET	ADDRESS						
City-St-ZiP	L condification	AL 2 12 6	ERITORIA TARTIT		6.4	CHY-S	T-ZIP	1,					

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)(k). 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:

SIMPA BOTE AND TYPED OF PRINTED NAME OF STATING OFFICER OR DIRECTOR

4-30-96 862-3283