

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # J73896**

1. Corporation Name

**ANDERSON & ARTIGLIERE, P.A.**

Principal Place of Business

**4927 SOUTHFORK DRIVE  
LAKELAND FL 33813  
US**

Mailing Address

**P.O. DRAWER 6839  
LAKELAND FL 33807  
US**

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

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

**05/20/1987**

4. FEI Number

**59-2815631**

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 owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

10. Name and Address of New Registered Agent

**ANDERSON, JON H.  
4927 SOUTHFORK DR  
#201  
LAKELAND FL 33813**

81 Name

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

83

84 City

**FL**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE ☐

**NAME ARTIGLIERE, RALPH  
STREET ADDRESS 4927 SOUTHFORK DRIVE  
CITY-ST-ZIP LAKELAND FL**

TITLE ☒ DELETE ☐

**NAME ANDERSON, JON H  
STREET ADDRESS 4927 SOUTHFORK DRIVE  
CITY-ST-ZIP LAKELAND FL**

TITLE ☐ DELETE ☐

**NAME SMITH, DEANA M  
STREET ADDRESS 4927 SOUTHFORK DRIVE  
CITY-ST-ZIP LAKELAND FL 33813**

TITLE ☐ DELETE ☐

**NAME  
STREET ADDRESS  
CITY-ST-ZIP**

TITLE ☐ DELETE ☐

**NAME  
STREET ADDRESS  
CITY-ST-ZIP**

TITLE ☐ DELETE ☐

**NAME  
STREET ADDRESS  
CITY-ST-ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **President/Director** ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE **Vice President/Director** ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

**Jon H. Anderson**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/15/99

(941) 644-6478

Date

Daytime Phone #

CR2E034 (11/98)

UN200076

**FILED**  
**Feb 25, 1999 8:00 am**  
**Secretary of State**

02-25-1999 90074 041 \*\*\*150.00



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