

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J81252 (5)

1. Corporation Name

ANDERSON VENTURES, INC.



Principal Place of Business

220 34TH ST. NORTH
ST. PETERSBURG FL 33713

Mailing Address

220 34TH ST. NORTH
ST. PETERSBURG FL 33713

3. Date Incorporated or Qualified
07/06/1987

3a. Date of Last Report
03/27/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

24 Country

28 Zip

29 Country

4. FEI Number

59-2819628

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ANDERSON, JOHN E., JR.
3825 S. TAMiami TRAIL
SARASOTA FL 34239

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 for the corporation

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME ANDERSON, JOHN E., JR.
STREET ADDRESS 202 PASS-A-GRILL WAY
CITY-ST-ZIP ST. PETERSBURG BCH FL ☒ DELETE

TITLE SD
NAME ANDERSON, STEPHENSON
STREET ADDRESS 864 - 3RD AVE. S.
CITY-ST-ZIP TIERRA VERDE FL ☒ DELETE

TITLE TD
NAME ANDERSON, MARSHA A.
STREET ADDRESS 202 PASS-A-GRILL WAY
CITY-ST-ZIP ST. PETERSBURG BCH FL ☒ DELETE

TITLE VP
NAME DEAN, DAVID
STREET ADDRESS 4515 SELMA STREET
CITY-ST-ZIP SARASOTA FL ☒ DELETE

TITLE D
NAME ANDERSON, ANNE R.
STREET ADDRESS 864 3RD AVENUE, SOUTH
CITY-ST-ZIP TIERRA VERDE FL ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE CHAIRMAN / SECRETARY / DOR ☒ Change ☐ Addition
1.2 NAME ANDERSON, JOHN E., JR.
1.3 STREET ADDRESS 202 PASS-A-GRILL WAY
1.4 CITY-ST-ZIP ST PETERS BEACH, FL 33706

2.1 TITLE ANDERSON, STEPHENSON ☒ Change ☐ Addition
2.2 NAME 864 3RD AVE SOUTH
2.3 STREET ADDRESS TIERRA VERDE, FL 33715
2.4 CITY-ST-ZIP PRESIDENT / TREASURER / DIRECTOR

3.1 TITLE VICE PRESIDENT / DIRECTOR ☒ Change ☐ Addition
3.2 NAME DEAN, DAVID
3.3 STREET ADDRESS 7211 KRESKO LANE
3.4 CITY-ST-ZIP SARASOTA, FL 34241

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 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

STEPHENSON ANDERSON 4-16-96 (813) 327-1900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

CR2E034 (12/95)