

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

FILED
Jun 21, 1999 8:00 am
Secretary of State

06-21-1999 90006 010 ***550.00

DOCUMENT # K63074

1. Corporation Name
ANCHORLITE, INCORPORATED

Principal Place of Business
11699 OVERSEAS HWY
MARATHON FL 33050

Mailing Address
11699 OVERSEAS HWY
MARATHON FL 33050

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/31/1989

4. FEI Number
65-0101245

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

2. Principal Place of Business

21. Suite, Apt. #, etc.

22. City & State

23. Zip Country

24. 25.

2a. Mailing Address

26. P.O. BOX 500692

27. Suite, Apt. #, etc.

28. MARATHON FL

29. 33050 30.

9. Name and Address of Current Registered Agent

HEINONEN, TUULA
11699 OVERSEAS HWY
MARATHON FL 33050

10. Name and Address of New Registered Agent

81. Name David P. Kitwan

82. Street Address (P.O. Box Number is Not Acceptable)
6803 Overseas Hwy

83.

84. City Marathon FL 85. Zip Code 33050

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 *David P. Kitwan*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 6-17-99

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE
NAME HEINONEN, RAUNO
STREET ADDRESS 11699 OVERSEAS HWY
CITY-ST-ZIP MARATHON FL

TITLE DVS ☐ DELETE
NAME HEINONEN, TUULA
STREET ADDRESS 11699 OVERSEAS HWY
CITY-ST-ZIP MARATHON FL

TITLE T ☐ DELETE
NAME HEINONEN, TUULA
STREET ADDRESS 11699 OVERSEAS HWY
CITY-ST-ZIP MARATHON FL

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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)