FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
Division of Corporations

APPROVED AND FILED

95 MAY 10 AM 10:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L08846** **(2)**

1. Current Name
JOHN ANDERSON ASSOCIATES, INC.

Principal Place of Business
41 FOREST VIEW WAY
ORMOND BEACH FL 32174

Mailing Address
41 FOREST VIEW WAY
ORMOND BEACH FL 32174

(Do not write in this space)

3. Date Business Started in Florida: **08/11/1989**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business
21

2a. Mailing Address
26

4. FEI Number: **59-2971271** ☐ Applied For ☐ Not Applicable

Suite, Apt. #
22

Suite, Apt. #
27

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

City & State
23

City & State
28

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip
24

County
25

Zip
29

County
30

8. This corporation has/will be subject to subchapter S (IRC) of Florida Statutes. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

ANDERSON, JOHN
41 FOREST VIEW WAY
ORMOND BEACH FL 32174

10. Name and Address of New Registered Agent

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 Section 607.0501, 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 607.0501, Florida Statutes.

SIGNATURE

12. OFFICER AND/OR DIRECTOR

PD
ANDERSON, JOHN D
41 FOREST VIEW WAY
ORMOND BEACH FL

13. ADDITIONS, CHANGES TO OFFICER AND/OR DIRECTOR

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this report is true, and that this report does not propose any action not permitted by the 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 1, 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *J. B. Anderson* 5-4-95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J. B. ANDERSON

0013060 CP