## 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

Principal Place of Business

L08846 **DOCUMENT #** 

(2)

JOHN ANDERSON ASSOCIATES, INC.

Suite, Apt. #, etc. 27 City & State City & State City & State City & State 38 City & State City & State 39 Country City & State City &	Principal Place	of Business	Mailing Address				e ingerani are aniat corte roter dinta didia metri didit diditi diditi diditi filipiti filibiti fili			
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9. Name and Address of Current Registered Agent  9. Name and Address of New Registered Agent  10. Name and Address of New Registered Agent  11. Pursuant of the professors of Sections 607 (502) are 607, 1505. Fixing Statutes, the above named corporation submits this statement for the purpose of changing its registered agent, or both, the State of Florida. Such oberge was authorized by the corporation's board of directors. I hereby scoept the appointment as registered agent, and accept the obligations of, Section 607,0505. Florida Statutes.  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  14. CITY-ST-27P  15. STREET ADDRESS  15. ST	Zip	Country	Zip	Count	ry		8. This corporation has liability for	intanoible ta		
10. Name and Address of Current Registered Agent   10. Name and Address of New Registered Agent   10. Name and Address of New Registered Agent   10. Name   10. Name and Address of New Registered Agent   10. Name   10.	24	25	29	30						
ANDERSON, JOHN 41 FOREST VIEW WAY ORMOND BEACH FL 32174  B2 Street Address (P.O. Box Number is Not Acceptable)  B4 City FL B5 Zip Code  B5 Zip Code  B6 City FL B7 City FL B8 Zip Code  B6 City FL B8 Zip Code  B7 City FL B7 City FL B8 Zip Code  B7 City FL B7 Cit		9. Name and Address of Curren	t Registered Agent				10. Name and Address of New F	legistered	Agent	
41 FOREST VIEW WAY ORMOND BEACH FL 32174  B3  B4 City FL B5 Zip Code  11. Pursuant to the provisions of Sections 607.0502 and 807.1508, Florida Statutes, the above named conporation submits this statement for the purpose of changing its registered offic organization agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, I am familiar with, and accept the chilippations of. Section 607.0505. Florida Statutes.  SIGNATURE  SIGNATURE  12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  ITIE PD OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  ITIE PD OFFICERS AND DIRECTORS IN 1.11IIIE ANDERSON, JOHN D 12. NAME 41 FOREST VIEW WAY 1.3 SIREEL ADDRESS 07.9 ST-2P 07.9 DELETE 31 TITLE Change Addition MAKE STREET ADDRESS 22. NAME 33. SIREET ADDRESS 23. SIREET ADDRESS 23. SIREET ADDRESS 24. CITY ST-2P 34. CITY ST-2P 35. CITY ST-2P 36. Change Addition MAKE STREET ADDRESS 27. SIREET				8	1	Name			<b>-</b>	
ORMOND BEACH FL 32174    84    City					2	Street Addre	et Address (P.O. Box Number is Not Acceptable)			
B4   City				8	3					
### Parametric 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. Study change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, I am tending with, and accept the obligations of, Section 607.0505, Florida Statutes.  #### Signature, speed or prelied and corporation 80 per and disease and the Florida Statutes.  #### Signature, speed or prelied and corporation 80 per and disease and the Florida Statutes.  #### Parametric Agents agreed of the provision of registered agent, I am tending with, and accept the ediplaced agent agent and the Florida Statutes.  #### Parametric Agents agreed of the provision of registered agent, I am tending with a population registered agent. I am tending with a population of the provision of the provision and accept the ediplaced agent of the population agent age	· · · · · · · · · · · · · · · · · · ·				_					
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. To thot, in the State of Florida. Statutes or registered agent of both, in the State of Florida. Statutes.  SIGNATURE    Signature   Sign				8	4	City		<b>E</b> I	85 Z	p Code
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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.

6. 1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6 4 CITY - ST - ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELE1E

Daytime Prione #

Change

Addition