

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **L14871** (2)

1. Corporation Name

ANDERSON AND DAUGHTERS, INC.

Principal Place of Business

**6481 FALCONSGATE AVENUE
DAVE FL 33331**

Mailing Address

**6481 FALCONSGATE AVENUE
DAVE FL 33331**

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip Country

29

9. Name and Address of Current Registered Agent

**ANDERSON, DENNIS C.
6481 FALCONSGATE AVENUE
DAVE FL 33331**

3. Date Incorporated or Qualified
09/12/1989

3a. Date of Last Report
04/06/1995

4. FET Number
65-0149878

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

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 Sections 607.07(2) and 119.07(5)(a), 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 Chapter 607, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **ANDERSON, DENNIS C.**
STREET ADDRESS **6481 FALCONSGATE AVENUE**
CITY-STATE-ZIP **DAVE FL**

TITLE **STD** ☐ DELETE
NAME **ANDERSON, DONNA C.**
STREET ADDRESS **6481 FALCONSGATE AVENUE**
CITY-STATE-ZIP **DAVE FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

14 NAME

15 STREET ADDRESS

16 CITY-STATE-ZIP

17 TITLE

18 NAME

19 STREET ADDRESS

20 CITY-STATE-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-STATE-ZIP

25 TITLE

26 NAME

27 STREET ADDRESS

28 CITY-STATE-ZIP

29 TITLE

30 NAME

31 STREET ADDRESS

32 CITY-STATE-ZIP

33 TITLE

34 NAME

35 STREET ADDRESS

36 CITY-STATE-ZIP

37 TITLE

38 NAME

39 STREET ADDRESS

40 CITY-STATE-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(5)(a), 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 holder 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 attached sheet with an address.

SIGNATURE:

D. Anderson President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/96

954-436-5773

CR2E034 (12/95)