

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

DOCUMENT # L25322

1. Corporation Name

ANSCO & ASSOCIATES, INC.

Principal Place of Business

16-C OAK BRANCH DR
GREENSBORO NC 27407
US

Mailing Address

P.O. BOX 18445
GREENSBORO NC 27419
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/25/1989

4. FEI Number

56-1684859

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional

Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be

Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ 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 607.0502 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 and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VP ☐ DELETE
NAME SUMMERS, GEORGE S
STREET ADDRESS 16-C OAK BRANCH DR
CITY-ST-ZIP GREENSBORO NC 27407

TITLE P ☐ DELETE
NAME ESTES, TIMOTHY R.
STREET ADDRESS 16-C OAK BRANCH DRIVE
CITY-ST-ZIP GREENSBORO NC 27407

TITLE VP ☒ DELETE
NAME CREECH, MARVENE P.
STREET ADDRESS 16-C OAK BRANCH DRIVE
CITY-ST-ZIP GREENSBORO NC 27407

TITLE VPD ☐ DELETE
NAME PLEDGER, THOMAS R.
STREET ADDRESS 450 AUSTRALIAN AVE. S.
CITY-ST-ZIP W PALM BCH FL 33410

TITLE D ☐ DELETE
NAME ADAMS, LOUIS W.
STREET ADDRESS 450 AUSTRALIAN AVE. S.
CITY-ST-ZIP WEST PALM BEACH FL 33410

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 T
3.3 STREET ADDRESS Michael S. Cassidy
3.4 CITY-ST-ZIP 16-C Oak Branch Drive
Greensboro, NC 27407

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS 4440 PGA Blvd. Suite 600
4.4 CITY-ST-ZIP Palm Beach Gardens, FL 33410

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS 4440 PGA Blvd. Suite 600
5.4 CITY-ST-ZIP Palm Beach Gardens, FL 33410

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael S. Cassidy
Controller/Ass't Tres.

Date

Daytime Phone #

January 26, 1999 (336)852-3433

001053

CR2E034 (11/98)

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90096 049 ***158.75

