

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Feb 07 1996 8:00 am
Secretary of State

DOCUMENT # L30785 (4)
1. Corporation Name
ANDERSON COLUMBIA THERMAL SYSTEMS, INC.



Principal Place of Business Mailing Address
GUERDON RD.
PO BOX 1829
LAKE CITY FL 32056
GUERDON RD.
PO BOX 1829
LAKE CITY FL 32056

2. Principal Place of Business 2a. Mailing Address
21 State, Apt., etc. 26 State, Apt., etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 29 Country
25 Country 30 Country

3. Date Incorporated or Qualified 11/16/1989 3a. Date of Last Report 03/14/1995
4. FEI Number 59-3177031 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 [X] Yes [] No

9. Name and Address of Current Registered Agent
MCRAE, TED
2 GUERDON RD
PO BOX 1829
LAKE CITY FL 32056-1029

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 _____ DATE _____
Signature of Registered Agent (if not the applicant) (If not the Registered Agent, signature of officer or director)

12. OFFICERS AND DIRECTORS
1. TITLE PD
2. NAME MCRAE, TED
3. STREET ADDRESS 2 GUERDON RD
4. CITY-STATE-ZIP LAKE CITY FL
5. TITLE V
6. NAME FULKERSON, JOHN
7. STREET ADDRESS 2 GUERDON RD
8. CITY-STATE-ZIP LAKE CITY FL
9. TITLE S
10. NAME WATSON, KENNETH A
11. STREET ADDRESS 2 GUERDON RD
12. CITY-STATE-ZIP LAKE CITY FL
13. TITLE
14. NAME
15. STREET ADDRESS
16. CITY-STATE-ZIP
17. TITLE
18. NAME
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93. TITLE
94. NAME
95. STREET ADDRESS
96. CITY-STATE-ZIP
97. TITLE
98. NAME
99. STREET ADDRESS
100. 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(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 its officer 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 or changed, or on an attachment with an address.

SIGNATURE: X
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
2/2/96 (904) 255-1196
Digitized by...

CR2E034 (12/95)