

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR 10 PM 2:47

DOCUMENT # L44051 (5)

1. Corporation Name

ANDERSON BUILDING SYSTEMS, INC.

Principal Place of Business

Mailing Address

**4414 SE 16 PL #1
CAPE CORAL FL 33904**

**4414 SE 16 PL #1
CAPE CORAL FL 33904**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **01/19/1990** 3a. Date of Last Report **01/19/1994**

2. Principal Place of Business 2a. Mailing Address
21 829 SE 47th Place 25 829 SE 47th Place

4. FEI Number **65-0165806** Applied For ☐ Not Applicable ☐

22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc. 5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

23 City & State **Cape Coral, Fl.** 28 City & State **Cape Coral, Fl.** 6. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

24 Zip **33904** Country **Lee** 29 Zip **33904** Country **Lee** 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ANDERSON, WILLIAM B.
614 S. W. 30TH TERRACE
CAPE CORAL FL 33914**

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ANDERSON, WILLIAM B.
STREET ADDRESS	614 SW 30 TERRACE
CITY- ST- ZIP	CAPE CORAL, FL 33914
TITLE	VD
NAME	ANDERSON, DARIN M.
STREET ADDRESS	215 NICHOLAS PKWY E
CITY- ST- ZIP	CAPE CORAL, FL 33990
TITLE	TSD
NAME	ANDERSON, MYRNA E.
STREET ADDRESS	614 SW 30TH TERRACE
CITY- ST- ZIP	CAPE CORAL, FL 33914
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
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	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY- ST- 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 110.07(3)(b), 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.

SIGNATURE: Myrna E. Anderson Myrna E. Anderson 4-4-95 813 540-0101

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number