

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  
Mar 15 1996 8:00 am  
Secretary of State

DOCUMENT # L75618 (3)

1. Corporation Name  
ANECO, INC.



Principal Place of Business Mailing Address  
~~2300 ONE FIRST UNION CENTER~~  
~~CHARLOTTE NC 28202-6000~~  
400 S. Greenwood Ave.  
Clearwater, Fl. 34616  
~~2300 ONE FIRST UNION CENTER~~  
~~CHARLOTTE NC 28202-6000~~  
400 S. Greenwood Ave.  
Clearwater, Fl. 34616

3. Date Incorporated or Qualified 05/24/1990  
3a. Date of Last Report 01/26/1995  
4. FEI Number 59-3009918  
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

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

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 S PINE ISLAND RD  
PLANTATION FL 33324

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	D	<input checked="" type="checkbox"/> DELETE
NAME	VER HAGEN, J K	
STREET ADDRESS	301 S COLLEGE ST, #2300	
CITY-STATE-ZIP	CHARLOTTE NC	
TITLE	<del>XXXX</del>	<input type="checkbox"/> DELETE
NAME	PRUDE, I.B.	
STREET ADDRESS	2650 NATIONS BANK PLAZA	
CITY-STATE-ZIP	CHARLOTTE NC	
TITLE	DVAS	<input checked="" type="checkbox"/> DELETE
NAME	CLARK, D J	
STREET ADDRESS	2650 NATIONS BANK PLAZA	
CITY-STATE-ZIP	CHARLOTTE NC	
TITLE	P	<input type="checkbox"/> DELETE
NAME	TAYLOR, R. K.	
STREET ADDRESS	400 S GREENWOOD AVE.	
CITY-STATE-ZIP	CLEARWATER FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MEDUN, B. J.	
STREET ADDRESS	400 S GREENWOOD AVE.	
CITY-STATE-ZIP	CLEARWATER FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	BURNS, B. B., JR.	
STREET ADDRESS	2300 ONE FIRST UNION CTR	
CITY-STATE-ZIP	CHARLOTTE NC	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Nelson, Horace	
1.3 STREET ADDRESS	6000 Poplar Ave. #410/P.O.Box 17967	
1.4 CITY-STATE-ZIP	Memphis, Tn. 38187-0967	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Prude, I.B.	
2.3 STREET ADDRESS	6000 Poplar Ave., #410/P.O. Box 17967	
2.4 CITY-STATE-ZIP	Memphis, Tn. 38187-0967	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-STATE-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-STATE-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-STATE-ZIP		
6.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Mladic, William G.	
6.3 STREET ADDRESS	400 S. Greenwood Ave.	
6.4 CITY-STATE-ZIP	Clearwater, Fl. 34616	

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.

SIGNATURE: William G. Mladic William G. Mladic 1/26/96 813-447-2555

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)