

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Feb 17 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # **L90939** (4)  
1. Corporation Name  
**ANDERSON SHEET METAL AND MANUFACTURING, INC.**



Principal Place of Business Mailing Address  
**2800 ALLEN HILL AVE.**  
**SUITE D**  
**MELBOURNE FL 32940**  
**2800 ALLEN HILL AVE.**  
**SUITE D**  
**MELBOURNE FL 32940-7473**

3. Date Incorporated or Qualified  
**07/30/1990** 3a. Date of Last Report  
**01/24/1996**

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 Country

4. FEI Number  
**59-3026917** 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

9. Name and Address of Current Registered Agent  
**GUCCIONE, MICHAEL**  
**2800 ALLEN HILL AVE.**  
**SUITE D**  
**MELBOURNE FL 32940**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)

83  
84 City  
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 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
<input type="checkbox"/> DELETE	<b>P GUCCIONE, MICHAEL</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	<b>2800 ALLEN HILL AVE</b>	1.3 STREET ADDRESS	
	<b>MELBOURNE FL</b>	1.4 CITY - ST - ZIP	
<input type="checkbox"/> DELETE		2.1 TITLE	2.2 NAME
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		2.3 STREET ADDRESS	
		2.4 CITY - ST - ZIP	
<input type="checkbox"/> DELETE		3.1 TITLE	3.2 NAME
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		3.3 STREET ADDRESS	
		3.4 CITY - ST - ZIP	
<input type="checkbox"/> DELETE		4.1 TITLE	4.2 NAME
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		4.3 STREET ADDRESS	
		4.4 CITY - ST - ZIP	
<input type="checkbox"/> DELETE		5.1 TITLE	5.2 NAME
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		5.3 STREET ADDRESS	
		5.4 CITY - ST - ZIP	
<input type="checkbox"/> DELETE		6.1 TITLE	6.2 NAME
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		6.3 STREET ADDRESS	
		6.4 CITY - ST - ZIP	

14. I do 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.

SIGNATURE: **SIGNATURE REQUIRED** Date: **2/12/97** Daytime Phone #: **407/259-6893**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)