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

1. Corporation Name

ANDERS	UN AND HOWELL, P.A.								
Principal Place of Business Mailing Address					# 100:0001 (14 1)011 100:00 11:000 (11:1)				84) 018 14 81811 (881
2029 N 3RD STREET JACKSONVILLE BEACH FL 32250 2029 N 3RD STREET JACKSONVILLE BEACH FL 32250				250		DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed		-	
						02/11/1986			
2. Principal Pl	ace of Business .	2a. Mailing Address				4. FEI Number		⊢-	Applied For
21		26				59-2644167			Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired			5 Additional Required
City & State	3	City & State				Election Campaign Financing Trust Fund Contribution			00 May Be ed to Fees
Zip				ntry 8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No				□No	
241	9. Name and Address of Current		-	_		10. Name and Address of New I	Registered /	Agent	
			8	31	Name	1			
ANDERSON, WARREN K. JR.				32	Street Addre	ess (P.O. Box Number is Not Accept	able)		
2029 N 3RD ST			L		Otrootridare				
JACKSONVILLE BEACH FL 32250			8	33					
n	•		8	34	City		FL	85 Z	ip Code
11. Pursuant office or reagent. I as	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	2 and 607.1508, Florida Statutes of Florida. Such change was auth ions of, Section 607.0505, Florid	, the abo norized b la Statut	ove by t	-named corpo he corporation	oration submits this statement for the n's board of directors. I hereby acce	purpose of pt the appoir	changing ntment as	its registered registered
SIGNATURE									
	Signature, typed or printed name of registered agent		<u> </u>	gent	signature required		DATE AND	D DIDEC	TORS IN 12
12.	OFFICERS ANI	DELETE	13.			ADDITIONS/CHANGES TO OF	FICERS AN	Chang	
TITLE	PD [] DELETE ANDERSON, WARREN K. JR.		1.2 NAME		Ì				
NAME	l		1.3 STREET ADDRESS		AUUDEGG				
STREET ADDRESS	JACKSONVILLE FL		1.4 CITY-ST-ZIP						
CITY-ST-ZIP TITLE	V DELETE		2.1 TITLE		-2ir	-	***	Chang	ge Addition
NAME	·		2.2 NAME		ļ				
STREET ADDRESS	2029 N. 3RD STREET		1	_	ADORESS				
[2. 4 CITY-ST-ZIP		ì				-
CITY-ST-ZIP TITLE	V	☐ DELETE	3.1 TITLE					☐ Chan	ge Addition
NAME	HOWELL, JAY C.	_	3.2 NAM	Ε					1
STREET ADDRESS	2029 N. 3RD STREET		3.3 STRI	EET,	ADDRESS				
CITY-ST-ZIP	JACKSONVILLE FL		3.4. CITY	Y-ST	r-ZIP				
TITLE		☐ DELETE	4.1 TITLE					☐ Chan	ge Addition
NAME			4. 2 NAM	Æ					
STREET ADDRESS			4.3 STR	EET.	ADDRESS				ſ
CITY-ST-ZIP			4.4 CITY	<u>- ST</u>	-ZIP				
TITLE		☐ DELETE	5.1 TITLE	E				Chang	ge 🗀 Addition
NAME			5.2 NAM	E					ļ
STREET ADDRESS			5.3 STRE	EET.	ADDRESS				

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 attachanged with an address, with all other like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

whe required

DELETE

Change

Addition

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90058 020 ***150.00