FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

FILED
Mar 18 1996 8:00 am
Secretary of State

DOCUMENT # **M71821** **(6)**

1. Corporation Name

ANDERSON COLUMBIA CO., INC.

Principal Place of Business	Mailing Address
2 GUERDON RD. PO BOX 1829 LAKE CITY FL 32056-1829	2 GUERDON RD. PO BOX 1829 LAKE CITY FL 32056-1829

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

3. Date Incorporated or Qualified: **03/07/1988**
3a. Date of Last Report: **02/03/1995**
4. FEI Number: **59-2871935** ☐ 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

MCRAE, T. H.
2 GUERDON ROAD
LAKE CITY FL 32056-1829

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 X _____ DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	ANDERSON, JOE JR.		1.2 NAME	
STREET ADDRESS	2 GUERDON RD.		1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE CITY FL		1.4 CITY-ST-ZIP	
TITLE	VTD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	WALL, HARRIETT ANDERSON		2.2 NAME	
STREET ADDRESS	2 GUERDON RD.		2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE CITY FL		2.4 CITY-ST-ZIP	
TITLE	PD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	MCRAE, T. H.		3.2 NAME	
STREET ADDRESS	2 GUERDON RD.		3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE CITY FL		3.4 CITY-ST-ZIP	
TITLE	SD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	WATSON, KENNETH A.		4.2 NAME	
STREET ADDRESS	2 GUERDON RD.		4.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE CITY FL		4.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	ANDERSON, JOE H III		5.2 NAME	
STREET ADDRESS	2 GUERDON RD.		5.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE CITY FL		5.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	SHEPPARD, ERNEST		6.2 NAME	
STREET ADDRESS	2 GUERDON RD.		6.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE CITY FL		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 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: Kenneth A. Watson 11/7/96 904-752-7355
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

CR2E034 (12/95)