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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

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

3. Date Incorporated or Qualified: **03/07/1988**
3a. Date of Last Report: **03/18/1996**
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	10. Name and Address of New Registered Agent
MCRAE, T. H. **2 GUERDON ROAD** **LAKE CITY FL 32056-1829**	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	☐ DELETE	11 TITLE		☐ Change ☐ Addition
NAME	ANDERSON, JOE JR.		12 NAME		
STREET ADDRESS	2 GUERDON RD.		13 STREET ADDRESS		
CITY-ST-ZIP	LAKE CITY FL		14 CITY-ST-ZIP		
TITLE	VTD	☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	WALL, HARRIETT ANDERSON		22 NAME		
STREET ADDRESS	2 GUERDON RD.		23 STREET ADDRESS		
CITY-ST-ZIP	LAKE CITY FL		24 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME	MCRAE, T. H.		32 NAME		
STREET ADDRESS	2 GUERDON RD.		33 STREET ADDRESS		
CITY-ST-ZIP	LAKE CITY FL		34 CITY-ST-ZIP		
TITLE	SD	☒ DELETE	41 TITLE	S/D	☐ Change ☒ Addition
NAME	WATSON, KENNETH A.		42 NAME	BRIAN P SCHREIBER	
STREET ADDRESS	2 GUERDON RD.		43 STREET ADDRESS	2 GUERDON RD.	
CITY-ST-ZIP	LAKE CITY FL		44 CITY-ST-ZIP	LAKE CITY, FL 32055	
TITLE	VD	☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME	ANDERSON, JOE H III		52 NAME		
STREET ADDRESS	2 GUERDON RD.		53 STREET ADDRESS		
CITY-ST-ZIP	LAKE CITY FL		54 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME	SHEPPARD, ERNEST		62 NAME		
STREET ADDRESS	2 GUERDON RD.		63 STREET ADDRESS		
CITY-ST-ZIP	LAKE CITY FL		64 CITY-ST-ZIP		

CR2E034 (9/96)

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: _____ TED H. McRAE 1/24/97 (904) 752-7585
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #