

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 # M81281

1. Corporation Name
ANDROS ASSOCIATES, INC.

Principal Place of Business
ATTN: JACK MCMULLEN
100 W. KENNEDY BLVD., STE. 100
TAMPA FL 33602

Mailing Address
ATTN: JACK MCMULLEN
100 W. KENNEDY BLVD., STE. 100
TAMPA FL 33602

FILED
Mar 23, 1999 8:00 am
Secretary of State

03-23-1999 90070 012 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/17/1988

4. FEI Number
59-2954942

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 owes the current year intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. Andros Associates, Inc.
22 747 Mainsail Drive
23 City & State Tampa, FL 33602

26 Suite, Apt. Andros Associates, Inc.
27 747 Mainsail Drive
28 City & State Tampa, FL 33602

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCMULLEN, JACK
ANDROS ASSOCIATES, INC
100 W KENNEDY BLVD SUITE 100
TAMPA FL 33062

81 Name
82 Street Address
83
84 City

Jack McMullen
747 Mainsail Drive
Tampa, FL 33602

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 *Jack McMullen President*

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

TITLE P
NAME MCMULLEN, JACK
STREET ADDRESS 100 W KENNEDY BLVD, STE 100
CITY-ST-ZIP TAMPA FL

1.1 TITLE P
1.2 NAME Jack McMullen
1.3 STREET ADDRESS 747 Mainsail Drive
1.4 CITY-ST-ZIP Tampa, FL 33602

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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 attachment with an address, with all other like empowered.

SIGNATURE: *Jack McMullen* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

813-
273-9776

0384752

CR2E034 (11/98)