## FILED Apr 28, 1999 8:00 am Secretary of State PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Katherine Harris 04-28-1999 90021 003 \*\*\*158.75 ANNUAL REPORT Secret kry of State DIVISION OF CORPORATIONS 1999 **DOCUMENT # M81764** THE DYNAMIC ANDERSON CORPORATION Mailing Address Principal Place of Business P.O. BOX 330674 113 LEVY RD ATLANTIC BEACH FL 3223-0674 ATLANTIC BEACH FL 32233 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/16/1988 4 FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business 59-2882168 Not Applicable 26 \$8.75 Additional Suite, Apt. #, etc. X 5. Certifc.ite of Status Desired Fee Recuired 27 22 \$5.00 May Be City & State Election Campaign Financing Trust Fund Contribution Added to Fees Country This corporation owes the current year intangible Yes 13No Personal Property Tax. 29 30 10. Name and Address of New Registered Agent Name and Address of Current Registered Agent 81 Name ANDERSON, LAURIE M Street Address (P.O. Box Number Is Not Acceptable) 82 113 LEVY ROAD ATLANTIC BEACH FL 32233 **B3** Zip Code 84 City FL 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, 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 cirectors. I hereby accept the appointment as registered agent, am familiar with, and accept the obligations of, Septim 607.0505, Florida Statutes. SIGNATURE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12. DELETE TITLE CR2E034 ANDERSON, LAURIE M 1.2 NAME 1848 Yungs P.O. BOX 330674 NA 13 STREET ADDRESS STREET ADDRESS 32766 ATLANTIC BCH FL 32233 1.4 CITY-ST-ZIP CITY-ST-ZP OELETE 2.1 TITLE TITLE ANDERSON, THOMAS C 22 NAME NAME PO BOX 330674 N/A 23 STREET ADDRESS STREET ADDRESS ATLANTIC BEACH FL 32233 2.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition DELETE 3 t TIBLE TITLE MITCHELL, CERENA VAN 32 NAME NAME .P.O. BOX 330674 N/A 3.3 STREET ADDRESS STREET ADDRESS ATLANTIC BCH FL 3.4. CITY-ST-ZIF CITY-ST-ZIP Addition DELETE 4 1 TITLE TIDE KEY, LONNIE M 4 2 NAME NAME P.O. BOX 330674 N/A 4.3 STREET ADDRESS STREET ADDRESS ATLANTIC BEACH FL 32233 44 CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ DELETE 5.1 TITLE TILE NAME

14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further curlify 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 receivair 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.

61 TITLE

6.2 NAME

☐ DELETE

5.3 STREET ADDRESS

6.3 STREET ADDRESS

64 CITY-ST-ZIP

5.4 CITY+ST-ZIP

SIGNATURE: 0

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

DILE

NAME

HNDERSON

Change

Addition