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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # M84363 (4)

1. Corporation Name

THE ANDREWS GROUP, INC.



Principal Place of Business

1200 RIVER PLACE BLVD
902
JACKSONVILLE FL 32207
US

Mailing Address

1200 RIVER PLACE BLVD
902
JACKSONVILLE FL 32207
US

3. Date incorporated or Qualified
06/08/1988

3a. Date of Last Report
04/10/1995

2. Principal Place of Business

21 1200 RIVERPLACE BLVD

Suite, Apt. #, etc.

22 SUITE 902

City & State

23 JACKSONVILLE FL

Zip

24 32207

Country

25 US

2a. Mailing Address

26 1200 RIVERPLACE BLVD

Suite, Apt. #, etc.

27 SUITE 902

City & State

28 JACKSONVILLE FL

Zip

29 32207

Country

30 US

4. FEI Number

59-2893216

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

ANDREWS, STEVEN R., P.A.
1200 GULF LIFE DRIVE
SUITE 902
JACKSONVILLE FL 32207

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME ANDREWS, STEVEN R.
STREET ADDRESS 1200 RIVER PLACE BLVD
CITY-ST-ZIP JACKSONVILLE FL ☐ DELETE

TITLE D
NAME DAHL, JAMES H.
STREET ADDRESS 1200 RIVER PLACE BLVD.
CITY-ST-ZIP JACKSONVILLE FL ☐ DELETE

TITLE V
NAME DAHL, WILLIAM L
STREET ADDRESS 1200 RIVER PLACE BLVD.
CITY-ST-ZIP JACKSONVILLE FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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)(k), 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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William DAHL

Date

Daytime Phone #

CR2E034 (12/95)