

# **2013 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P00000049630

**Entity Name:** ANDREWS-MCCARVER INC.

**FILED**  
**May 02, 2013**  
**Secretary of State**

**Current Principal Place of Business:**

1900 WHITE DOGWOOD LN  
ORANGE PARK, FL 32003

**New Principal Place of Business:**

1900 WHITE DOGWOOD LN  
ORANGE PARK, FL 32003

**Current Mailing Address:**

P.O. BOX 8538  
FLEMING ISLAND, FL 32006

**New Mailing Address:**

**FEI Number:** 59-3649494

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ANDREWS, J. MARK  
1900 WHITE DOGWOOD LN  
ORANGE PARK, FL 32003 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: J. MARK ANDREWS

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: ANDREWS, J. MARK  
Address: 1900 WHITE DOGWOOD LN  
City-St-Zip: ORANGE PARK, FL 32003

Title: PD  
Name: ANDREWS, BETTY D  
Address: 1900 WHITE DOGWOOD LN  
City-St-Zip: ORANGE PARK, FL 32003

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: J. MARK ANDREWS

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

PD

05/02/2013

\_\_\_\_\_  
Date