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CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 24 AM 11:27

DOCUMENT # **P38213** **(5)**

1. Corporation Name
ANDCO INDUSTRIES CORPORATION

Principal Place of Business	Mailing Address
4016 VIEWMONT DRIVE GREENSBORO NC 27406 US	470 NW AIROSO BLVD PORT ST LUCIE FL 34983

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/01/1992**
3a. Date of Last Report: **06/21/1994**

2. Principal Place of Business
21 4100 Sheraton Court
22 Suite, Apt. #, etc.
23 City & State: Greensboro NC
24 Zip: 27410
25 Country: USA

2a. Mailing Address
26 P.O. Box 7266
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

4. FEI Number: **56-0689839** ☐ 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

KYLE, JOHN D.
470 NW AIROSO BLVD
PORT ST LUCIE FL 34983

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC	11 TITLE	☐ Change ☐ Addition
NAME	ALLEN, ROBERT H.	12 NAME	
STREET ADDRESS	4019 VIEWMONT DRIVE	13 STREET ADDRESS	
CITY-ST-ZIP	GREENSBORO NC	14 CITY-ST-ZIP	
TITLE	DT	21 TITLE	☐ Change ☐ Addition
NAME	KYLE, JERRY L.	22 NAME	
STREET ADDRESS	4019 VIEWMONT DRIVE	23 STREET ADDRESS	
CITY-ST-ZIP	GREENSBORO NC	24 CITY ST ZIP	
TITLE	DS	31 TITLE	☐ Change ☐ Addition
NAME	MILES, RAYMOND E., JR.	32 NAME	
STREET ADDRESS	4019 VIEWMONT DRIVE	33 STREET ADDRESS	
CITY-ST-ZIP	GREENSBORO NC	34 CITY ST ZIP	
TITLE	SP	41 TITLE	☐ Change ☐ Addition
NAME	ALLEN, ROBERT H., JR.	42 NAME	
STREET ADDRESS	915 BENFIELD RD	43 STREET ADDRESS	
CITY-ST-ZIP	GREENSBORO NC	44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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)(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 added by attachment with an address.

SIGNATURE: John D. Kyle
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(910) 299-4511
Date Daytime Phone #

0484470 FP