

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000003950 (1)

1. Corporation Name

JAMES D. ANDERSON, JR., P.E., PROFESSIONAL ASSOCIATION



Principal Place of Business

25 WEST CEDAR STREET
SUITE 312
PENSACOLA FL 32501

Mailing Address

25 WEST CEDAR STREET
SUITE 312
PENSACOLA FL 32501

2. Principal Place of Business

21 421 E. Zaragoza

Suite, Apt. #, etc.

22

City & State

23 Pensacola, FL

24 Zip

32501

Country

25 USA

2a. Mailing Address

26 421 E. Zaragoza

Suite, Apt. #, etc.

27

City & State

28 Pensacola, FL

Zip

29 32501

Country

30 USA

3. Date Incorporated or Qualified

01/19/1993

3a. Date of Last Report

04/07/1995

4. FEI Number

59-2984856

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

421 E. Zaragoza

83

84 Pensacola

FL

85 Zip Code

32501

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 relevant)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME ANDERSON, JAMES D JR
STREET ADDRESS 1200 FT. PICKENS RD 11A
CITY-ST-ZIP PENSACOLA BEACH FL 32561

☐ DELETE

TITLE D
NAME ANDERSON, KATHLEEN
STREET ADDRESS 1200 FT PICKENS RD 11A
CITY-ST-ZIP PENSACOLA 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Anderson, James D. Jr.
1.2 NAME 421 E. Zaragoza St.
1.3 STREET ADDRESS Pensacola, FL 32501
1.4 CITY-ST-ZIP

☒ Change

☐ Addition

2.1 TITLE Anderson, Kathleen
2.2 NAME 421 E. Zaragoza
2.3 STREET ADDRESS Pensacola, FL 32501
2.4 CITY-ST-ZIP

☒ Change

☐ Addition

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

☐ Change

☐ Addition

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

☐ Change

☐ Addition

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

☐ Change

☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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, on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES D. ANDERSON, JR.

4/3/96 (904) 438-2994
Typed Name & Phone #

CR2E034 (12/95)