FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

1014 PRINCE ROAD

ST AUGUSTINE FL 32086

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

FILED

May 06, 1999 8:00 am Secretary of State

05-06-1999 90149 015 ***150.00

DO NOT WRITE IN THIS SPACE

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Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000033350

1. Corporation Name

Principal Place of Business

804-B ANASTASIA BLVD

ST AUGUSTINE FL 32084

CITY-ST-ZIP

THE ANDERT CORPORATION

| us | | | | | | DO NOT WRITE IN THIS SPACE | | |
|---|--|-------------------------|---|--------------------|----------------------|---|-------------------------|-----------------|
| | | | | | | Date Incorporated or Qualified | | |
| \ | | | | | | 05/04/1993 | | |
| 2. Principal P | lace of Business | 2a. Mailing Addres | s | | | 4. FEI Number | | Applied For |
| 21 | 26 | | | | | 59-318079 <u>0</u> | 1 | Not Applicable |
| Suite, Apt. #, etc. Suite, Apt. #, etc. | | | tc. | | | 5. Certificate of Status Desired | | Additional |
| 27 | | | | | | 5. Certificate of Status Desired | Fee F | Required |
| City & State City & State | | | | | | 6. Election Campaign Financing | \$5.0 | May Be |
| 23 | | 28 | | | | Trust Fund Contribution | Added | to Fees |
| Zip | Country | Zip | Cou | intry | 1 | 8. This corporation owes the current year Inta | ngible | |
| 24 | 25 | 29 | 30 | | | Personal Property Tax. | ∑ Yes | □No |
| | g. Name and Address of Current | Registered Agent | | | | 10. Name and Address of New Registered A | gent | |
| | | | | 81 | Name | | | |
| AND | ert marilyn L. | | | 00 | Ot A A | (D.C. Day N | | |
| 1014 | PRINCE RD | | [82] | | Street Addr | ress (P.O. Box Number is Not Acceptable) | | |
| SUITE A | | | | 83 | | | | |
| | AUGUSTINE FL 32086 | | | | | | | |
| | | | | 84 | City | FI | 85 Zip | Code |
| | | | | Ш | <u> </u> | · · · · · · · · · · · · · · · · · · · | <u> </u> | ta an mintage d |
| office or n | egistered agent, or both, in the State o | of Florida. Such change | was authorized | vd b | the corporation | oration submits this statement for the purpose of con's board of directors. I hereby accept the appoint | manging i Iment as i | registered |
| agent. I a | m familiar with, and accept the obligati | ons of, Section 607.05 | 05, Florida Stati | utes | | • | | |
| SIGNATURE | | | | | | | | |
| | Signature, typed or printed name of registered agent | | (NOTE: Registered | l Agen | nt signature require | | | |
| 12. | OFFICERS AND | | 13. | | | ADDITIONS/CHANGES TO OFFICERS AND | | |
| TITLE | D | ☐ DEŁI | ETE 1.1 TI | TLE | | | Change | Addition : |
| NAME | ANDERT, JOHN B JR | | 1.2 N | AME | | | | |
| STREET ADDRESS | 1014 PRINCE ROAD | 14 PRINCE ROAD 1.3 | | TREET | TADDRESS | | | |
| CITY-ST-ZIP | ST AUGUSTINE FL 32086 14 | | 1.4 CI | ITY-S1 | T-ZIP | | | |
| TITLE | D DELETE 2. | | ETE 2.1 TI | TLE | | | ☐ Change | Addition (|
| NAME | NDERT, MARILYN 2. | | 2.2 N | AME | İ | | | |
| STREET ADDRESS | 1014 PRINCE ROAD | | 2.3 \$1 | 2.3 STREET ADDRESS | | | | |
| CITY-ST-ZIP | ST AUGUSTINE FL 32086 | | 240 | 2.4 CITY-ST-ZIP | | | | |
| TITLE | · | | | TLE | | | ☐ Change | Addition |
| NAME | | | 3.2 N/ | AMF | 1 | | | - |
| | | | | | ADDRESS | | | |
| STREET ADDRESS | | | | | - 1 | | | |
| CITY-ST-ZIP | | DELI | | | ST-ZIP | | ☐ Change | e |
| TITLE | | | | | | | | |
| NAME | | | 4. 2 N | | | | | |
| STREET ADDRESS | | | 4.3 S1 | TREET | ADDRESS | | | |
| CITY-ST-ZIP | | | | TY-S | T-ZIP | | F7 6 | |
| TITLE | | ☐ DEN | B | | 1 | | Change | Addition |
| NAME | | | 5.2 N | AME | | | | |
| STREET ADDRESS | | | 5.3 \$1 | TREET | TADDRESS | | | |
| CITY-ST-ZIP | | | 5.4 Ci | ITY-\$1 | T-ZIP | | | |
| TITLE | | ☐ DEL | ETE 6.1 TI | πE | | | Change | Addition |
| NAME | | | 6.2 N | AME | | | | |
| STREET ADDRESS | | | 6.3 \$1 | TREET | TADDRESS | | | |
| STREET WINDKESS | | | • | | 1 | | | |

14. I hereby certify that the information supplied with this filing 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 on an attachment with an address, with all other like empowered. ED OR PRINTED

6.4 CITY-ST-ZIP