

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

**FILED**  
**Apr 28, 1999 8:00 am**  
**Secretary of State**

04-28-1999 90025 035 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **P93000044307**

1. Corporation Name  
**ANDREWS SALES AGENCY, INC.**



Principal Place of Business  
**814 ROXMERE ROAD  
 TAMPA FL 33609**

Mailing Address  
**814 ROXMERE ROAD  
 TAMPA FL 33609**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**06/21/1993**

2. Principal Place of Business

2a. Mailing Address

4. FEI Number  
**59-3193498**

Applied For  
 Not Applicable

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

22. City & State

27. City & State

6. Election Campaign Financing Trust Fund Contribution

**\$5.00** May Be Added to Fees

23. Zip County

28. Zip Country

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

24. Zip 25. County

29. Zip 30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ANDREWS, DANA G SR  
 4807 BAYSHORE BLVD  
 TAMPA FL 33611**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **CHM**  DELETE  
 NAME **ANDREWS, ROBERT H**  
 STREET ADDRESS **814 ROXMERE RD**  
 CITY-ST-ZIP **TAMPA FL 33609**

1.1 TITLE  Change  Addition  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP

TITLE **P**  DELETE  
 NAME **LOWRY, ELIZABETH M**  
 STREET ADDRESS **5413 SELLAS ST.**  
 CITY-ST-ZIP **TAMPA FL 33611**

2.1 TITLE  Change  Addition  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

TITLE **ST**  DELETE  
 NAME **ANDREWS, BETTY J**  
 STREET ADDRESS **814 ROXMERE ROAD**  
 CITY-ST-ZIP **TAMPA FL 33609**

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

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

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.

SIGNATURE:

**R.H. ANDREWS, R.H. Andrews**

Date

Daytime Phone #

**4/28/99 813 639-0038**

CR2E034 (1/98)