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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## 1998 DOCUMENT # P93000073660 (1)

ANCHOR HOLDINGS, INC.

**FILED** Mar 16 1998 8:00am Secretary of State



Principal Pla	ace of Business	Mailing Address				
8500 CENTRAL AVENUE ST. PETERSBURG FL 33707		6500 CENTRAL AVENUE ST. PETERSBURG FL 33707		DO NOT WRITE IN T	HIS SPACE	
					Date Incorporated or Qualified     10/22/1993	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For	
21		26	26		59-3212180	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	<del>-</del>		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 24	Country 25	Z)p	Country 30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No	
	g. Name and Address of Curre		1007	*****	10. Name and Address of New Registe	red Agent
J	ONES, ROBERT J P.A.		8	1 Name		
6500 CENTRAL AVENUE ST. PETERSBURG FL 33707			8	2 Street Ado	lress (P.O. Box Number is Not Acceptable)	
SI. PEIERSBURG PL 33/0/			8	3		
			8	4 City		85 Zip Code
				<u></u>		FL   C   - P C C C
11, Pursuan office or	it to the provisions of Sections 607.05 registered agent, or both, in the Stat	502 and 607.1508, Florida Sta te of Florida, Such change wa	lutes, the abo s authorized	ve-named cor by the corpora	poration submits this statement for the purpo- tion's board of directors. I hereby accept the	appointment as registered
		gations of, Section 607.0505,	Florida Statut	es.		•
SIGNATURE	Signature typed or printed harne of negetimed a	gent and little it applicable (N	OTE Registered A	geni signature requ	lred when reinstaling) DA	TE .
12.	OFFICERS A	ND DIRECTORS	13.	· · · · · · · · · · · · · · · · · · ·	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TO LE			Change Addition
NAME	JONES, ROBERT J P.A.		1.2 NAME			;
STREET ADDRESS 6500 CENTRAL AVENUE		_	1.3 STREET ADDRESS			
CITY-ST-ZIP	ST. PETERSBURG FL 33707		1.4 C/TY			
TITLE			2.1 TITLE	ì		Change Addition
NAME	JONES, MARY C		2.2 NAM			ì
STREET ADDRESS			2.3 STREET ADDRESS			
CITY-ST-ZIP	ST PETERSBURG FL	Direct	2. 4 CITY			Distance Distance
TITLE	· · · · · · · · · · · · · · · · · · ·		3.1 TITLE	ì		☐ Change ☐ Addition
NAME			32 NAM			
STREET ADDRESS			4	ET ADDRESS		
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NAME	.1		4. 2 NAM			į
STREET ADDRESS	·			ET ADDRESS		
CITY-ST-ZIP	<b></b>	DELETE	4.4 City			Change Addition
TITLE			5.1 TITLE	ì		Change Chyonion
NAME OXOGET ADODESC			5.2 NAM			
STREET ADDRESS	` <b> </b>			ET ADDRESS		
CITY-ST-ZIP		DELETE	5.4 CITY-		344,4	Change Addition
TITLE			6.1 TITLE	ì		Therefore The Manual
NAME			6.2 NAMI			
STREET ADDRESS	i I		■ 63 STRĒ	ET ADDRESS		

14. Thereby 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 13 if changed, or on any stachurght with an address.

SIGNATURE: