FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000074847 (3)**

1. Corporation Name
ANDREWS, INC.

Principal Place of Business	Mailing Address
1004 S BERMUDA AVENUE KISSIMMEE FL 34741	1004 S BERMUDA AVENUE KISSIMMEE FL 34741

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
10/28/1993	05/01/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / County 24 / 25	Zip / County 29 / 30

4. FEI Number: 59-3225587 ☐ 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 activity for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HILLMAN, RANDY 203 E HILLCREST STREET ORLANDO FL 32801	81 Name: ANDREWS, LEMUEL 82 Street Address (P.O. Box Number is Not Acceptable): 1004 S. Bermuda Ave 83 84 City: Kissimmee FL 85 Zip Code: 34741

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: Lemuel Andrews PD — Lemuel Andrews — 5-11-95
(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	PSTD	11 TITLE	PD ☒ Change ☐ Addition
NAME	ANDREWS, LEMUEL	12 NAME	ANDREWS, Lemuel
STREET ADDRESS	1004 S. BERMUDA AVE	13 STREET ADDRESS	1004 S. Bermuda Ave
CITY-ST-ZIP	KISSIMMEE FL	14 CITY-ST-ZIP	Kissimmee, FL 34741
TITLE		21 TITLE	ST ☐ Change ☒ Addition
NAME		22 NAME	ANDREWS, Jerry Wayne
STREET ADDRESS		23 STREET ADDRESS	1004 S. Bermuda Ave
CITY-ST-ZIP		24 CITY-ST-ZIP	Kissimmee, FL 34741
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		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	

REMITTED BY MAY 1.

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 on an attachment with an address.

SIGNATURE: Lemuel Andrews Lemuel Andrews 4-24-95. 407-933-5540
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0376060 CP