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 MAR 22 PM 1:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000003309 (9)**

1. Corporation Name

THE BILLY ANDERSON COMPANY

Principal Place of Business	Mailing Address
SUITE 800 4200 W. CYPRESS STREET TAMPA FL 33607	SUITE 800 4200 W. CYPRESS STREET TAMPA FL 33607

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/13/1994
3a. Date of Last Report:
4. FEI Number: 59-3222170 (Applied For / Not Applicable)
5. Certificate of Status Desired [X] — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution [ ] — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under § 199.032, Florida Statutes [X] Yes [ ] No

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 / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

ANDERSON, L M JR
4200 W. CYPRESS STREET
SUITE 800
TAMPA FL 33607

10. Name and Address of New Registered Agent

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, type or print name of registered agent and title if applicable — NOTE: Registered Agent signature required when designated — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	D,T,C [X] Change [ ] Addition
NAME	ANDERSON, L M JR	12 NAME	
STREET ADDRESS	SUITE 800, 4200 W. CYPRESS STREET	13 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33607	14 CITY-ST-ZIP	
TITLE		21 TITLE	D [ ] Change [X] Addition
NAME		22 NAME	Charles P. Watson
STREET ADDRESS		23 STREET ADDRESS	Suite 800, 4200 W. Cypress Street
CITY-ST-ZIP		24 CITY-ST-ZIP	Tampa, Florida 33607
TITLE		31 TITLE	[ ] Change [ ] Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	D,V [ ] Change [X] Addition
NAME		42 NAME	Katharine Gray Anderson
STREET ADDRESS		43 STREET ADDRESS	Suite 800, 4200 W. Cypress Street
CITY-ST-ZIP		44 CITY-ST-ZIP	Tampa, Florida 33607
TITLE		51 TITLE	D,V,S, [ ] Change [X] Addition
NAME		52 NAME	Elizabeth Anne Anderson
STREET ADDRESS		53 STREET ADDRESS	Suite 800, 4200 W. Cypress Street
CITY-ST-ZIP		54 CITY-ST-ZIP	Tampa, Florida 33607
TITLE		61 TITLE	D [ ] Change [X] Addition
NAME		62 NAME	James E. Wurdeman
STREET ADDRESS		63 STREET ADDRESS	Suite 800, 4200 W. Cypress Street
CITY-ST-ZIP		64 CITY-ST-ZIP	Tampa, Florida 33607

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 above, or on an attachment with an X in front.

SIGNATURE: _____ 03/09/95 (813) 876-8418
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone Number

L. M. Anderson, Jr.

0203043 CR