3-21-97 B-3425 C

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Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

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

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 33607-4168

3. Date Incorporated or Qualified: 01/13/1994
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business	2a. Mailing Address
21 100 N. Tampa Street	26 100 N. Tampa Street
Suite, Apt. #, etc. 22 Suite 2150	Suite, Apt #, etc. 27 Suite 2150
City & State 23 Tampa, Florida	City & State 28 Tampa, Florida
Zip: 24 33602 Country: 25 USA	Zip: 29 33602 Country: 30 USA

4. FEI Number: 59-3222170 ☐ 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 liability 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
ANDERSON, L M JR 4200 W. CYPRESS STREET SUITE 800 TAMPA FL 33607	81 Name: Anderson, L M Jr 82 Street Address (P.O. Box Number is Not Acceptable): 100 N. Tampa Street 83: Suite 2150 84 City: Tampa FL 85 Zip Code: 33602

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: L M Anderson Jr 3-11-'97
(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	DTC	☐ DELETE	1.1 TITLE	DTC	☒ Change ☐ Addition
NAME	ANDERSON, L M JR		1.2 NAME	Anderson, L M Jr	
STREET ADDRESS	601-A S MATANZAS		1.3 STREET ADDRESS	100 N. Tampa Street, Suite 2150	
CITY-ST-ZIP	TAMPA FL		1.4 CITY-ST-ZIP	Tampa, FL 33602	
TITLE	D	☐ DELETE	2.1 TITLE	D	☒ Change ☐ Addition
NAME	WATSON, CHARLES P.		2.2 NAME	Watson, Charles P	
STREET ADDRESS	601-A S MATANZAS		2.3 STREET ADDRESS	100 N. Tampa Street, Suite 2150	
CITY-ST-ZIP	TAMPA FL		2.4 CITY-ST-ZIP	Tampa, FL 33602	
TITLE	DV	☐ DELETE	3.1 TITLE	DV	☒ Change ☐ Addition
NAME	ANDERSON, KATHARINE GRAY		3.2 NAME	Anderson, Katharine Gray	
STREET ADDRESS	601-A S MATANZAS		3.3 STREET ADDRESS	100 N. Tampa Street, Suite 2150	
CITY-ST-ZIP	TAMPA FL		3.4 CITY-ST-ZIP	Tampa, FL 33602	
TITLE	DVS	☐ DELETE	4.1 TITLE	DVS	☒ Change ☐ Addition
NAME	ANDERSON, ELIZABETH ANNE		4.2 NAME	Anderson, Elizabeth Anne	
STREET ADDRESS	601-A S MATANZAS		4.3 STREET ADDRESS	100 N. Tampa Street, Suite 2150	
CITY-ST-ZIP	TAMPA FL		4.4 CITY-ST-ZIP	Tampa, FL 33602	
TITLE	D	☐ DELETE	5.1 TITLE	D	☒ Change ☐ Addition
NAME	WURDEMAN, JAMES E.		5.2 NAME	Wurdeman, James E	
STREET ADDRESS	4200 W. CYPRESS STREET, SUITE 800		5.3 STREET ADDRESS	100 N. Tampa Street, Suite 2150	
CITY-ST-ZIP	TAMPA FL 33607		5.4 CITY-ST-ZIP	Tampa, FL 33602	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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.

SIGNATURE: L M Anderson Jr 3-11-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #