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Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90120 027 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000003309

1. Corporation Name

THE BILLY ANDERSON COMPANY

Principal Place of Business

100 N TAMPA ST
STE 2150
TAMPA FL 33607
US

Mailing Address

P O BOX 10477
TAMPA FL 33679
US

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

01/13/1994

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 owes the current year intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

ANDERSON, L M JR
100 N TAMPA ST
STE 2150
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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DTC** ☐ DELETE
NAME ANDERSON, L M JR
STREET ADDRESS 100 N TAMPA ST STE 2150
CITY-ST-ZIP TAMPA FL
TITLE **D** ☐ DELETE
NAME WATSON, CHARLES P.
STREET ADDRESS 100 N TAMPA ST STE 2150
CITY-ST-ZIP TAMPA FL
TITLE **DV** ☐ DELETE
NAME ANDERSON, KATHARINE GRAY
STREET ADDRESS 100 N TAMPA ST STE 2150
CITY-ST-ZIP TAMPA FL
TITLE **DVS** ☐ DELETE
NAME ANDERSON, ELIZABETH ANNE
STREET ADDRESS 100 N TAMPA ST STE 2150
CITY-ST-ZIP TAMPA FL
TITLE **D** ☐ DELETE
NAME WURDEMAN, JAMES E.
STREET ADDRESS 511 W BAY STREET, STE 400
CITY-ST-ZIP TAMPA FL 33606
TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DIRECTOR**3-30-99**

Date

813-289-4027

Daytime Phone #

CR2E034 (11/98)