

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 JUN 27 AM 9:25

DOCUMENT #P94000010222

1. Corporation Name

ANDERSON REPORTING, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300001526333

-06/29/95--01007--001

****225.00 ****225.00

Principal Place of Business

Mailing Address

2596 RIDGE LANE
PALM HARBOR, FL 34684

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

3a. Date of Last Report

2/8/94

2. Principal Place of Business

2a. Mailing Address

21

25

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-3223415

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

TAX RESEARCH, INC.
40347 US HIGHWAY 19
TARPOON SPRINGS, FL 34689

81 Name

JUDY ANDERSON

82 Street Address (P.O. Box Number is Not Acceptable)

2596 RIDGE LANE

83

84 City

PALM HARBOR

FL

85 Zip Code
34684

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

6/20/95

* 12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

DIRECTOR

NAME

JUDY ANERDSON

STREET ADDRESS

2596 RIDGE LANE

CITY - ST - ZIP

PALM HARBOR, FL 34684

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

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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)(k), 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:

Signature typed or printed name of signing officer or director

Title

Daytime Phone #

Judy Anderson

6/20/95 813-784-2729