

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Apr 28 1997 8:00am
Secretary of State

DOCUMENT # P94000049526 (4)

1. Corporation Name
ANDERSON-CLOAR, INC.



Principal Place of Business
770 WEST GRANADA BLVD.
STE. 120
ORMOND BEACH FL 32174

Mailing Address
c// BPX 5285
STE. 120
ORMOND BEACH FL 32175
US

3. Date Incorporated or Qualified
06/30/1994

3a. Date of Last Report
04/22/1996

4. FEI Number
59-3264478

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

2. Principal Place of Business
21 200 E. Granada Blvd.
Suite, Apt. #, etc.
22 Suite 204
City & State
23 Ormond Beach, FL
Zip Country
24 32176 25 USA

2a. Mailing Address
26 P.O. Box 2652
Suite, Apt. #, etc.
27
City & State
28 Ormond Beach, FL
Zip Country
29 32175 30 USA

9. Name and Address of Current Registered Agent

CLOAR, T J III
770 WEST GRANADA BLVD.
STE. 120
ORMOND BEACH FL 32174

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
360 John Anderson Dr.
83
84 City Ormond Beach, FL FL 85 Zip Code 32176

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 (agent) and I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *T.J. Cloar, III* T.J. Cloar, III 4-21-97
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	P	<input type="checkbox"/> DELETE		11 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	CLOAR, T J III			12 NAME			
STREET ADDRESS	770 W. GRANADA BLVD. #120			13 STREET ADDRESS	360 John Anderson Dr.		
CITY-ST-ZIP	ORMOND BEACH FL 32174			14 CITY-ST-ZIP	Ormond Beach, FL 32176		
TITLE	ST	<input type="checkbox"/> DELETE		21 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	ANDERSON, GEORGE			22 NAME			
STREET ADDRESS	2580 N. ATLANTIC AVE.			23 STREET ADDRESS			
CITY-ST-ZIP	DAYTONA BEACH FL 32118			24 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		31 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				32 NAME			
STREET ADDRESS				33 STREET ADDRESS			
CITY-ST-ZIP				34 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		41 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				42 NAME			
STREET ADDRESS				43 STREET ADDRESS			
CITY-ST-ZIP				44 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		51 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				52 NAME			
STREET ADDRESS				53 STREET ADDRESS			
CITY-ST-ZIP				54 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		61 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				62 NAME			
STREET ADDRESS				63 STREET ADDRESS			
CITY-ST-ZIP				64 CITY-ST-ZIP			

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 or on an attachment with an address.

SIGNATURE *T.J. Cloar, III* T.J. Cloar, III 4-21-97 904672-5978
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)