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CORPORATION ANNUAL REPORT 1995

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 16 AM 10:48

DOCUMENT # P94000069860 (2)

1. Corporation Name
ANDERSON PAINT & PAPER, INC.

Principal Place of Business	Mailing Address
P.O. BOX 1507 MELBOURNE FL 32902	P.O. BOX 1507 MELBOURNE FL 32902

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/22/1994
3a. Date of Last Report: N/A

2. Principal Place of Business
21: 421 MIST CT SE
22: Suite, Apt. #, etc.: —
23: City & State: PALM BAY, FL
24: Zip: 32909
25: Country: US

2a. Mailing Address
26:
27: Suite, Apt. #, etc.:
28: City & State:
29: Zip:
30: Country:

4. FEI Number: 59-3279797 ☐ 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

ANDERSON, BRUCE
421 MIST CIR SE
PALM BAY FL 32909

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: Bruce R. Anderson — 3-6-95
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	PRESIDENT	1.1 TITLE	P/S	☐ Change ☒ Addition
NAME	LISA ANDERSON	1.2 NAME	LISA ANDERSON	
STREET ADDRESS	421 MIST CT S.E.	1.3 STREET ADDRESS	421 MIST CT, SE.	
CITY-ST-ZIP	PALM BAY FL. 32909	1.4 CITY-ST-ZIP	PALM BAY, FL, 32909	
TITLE	VICE PRESIDENT	2.1 TITLE	V/T	☐ Change ☐ Addition
NAME	BRUCE R ANDERSON	2.2 NAME	BRUCE ANDERSON	
STREET ADDRESS	421 MIST CT SE	2.3 STREET ADDRESS	421 MIST CT SE	
CITY-ST-ZIP	PALM BAY, FL, 32909	2.4 CITY-ST-ZIP	PALM BAY, FL, 32909	
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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 if changed, or on an attachment with an address.

SIGNATURE: Bruce Anderson (VP) — 3-6-95 — (407) 725-2700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

041700 FP