

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

FILED  
Aug 19 1998 8:00am  
Secretary of State

DOCUMENT # P94000069860 (2)

1. Corporation Name  
ANDERSON PAINT & PAPER, INC.



Principal Place of Business

421 MIST CT SE  
PALM BAY FL 32909  
US

Mailing Address

P.O. BOX 1507  
MELBOURNE FL 32902

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/22/1994

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 2090 TURTLEMOUND RD.  
Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City & State

23 MELBOURNE, FL.

27 City & State

28

24 Zip

32934

Country

25 BREVARD

29 Zip

30

Country

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

ANDERSON, BRUCE (SAME PERSON  
NEW ADDRESS)

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

2090 TURTLEMOUND RD.

83

84 City

MELBOURNE,

FL

85 Zip Code

32934

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

BRUCE R. ANDERSON (V.P. & T)

8-15-98

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 PS ☐ DELETE

NAME ANDERSON, LISA  
STREET ADDRESS 421 SE MIST CT  
CITY-ST-ZIP PALM BAY FL

TITLE VT ☐ DELETE

NAME ANDERSON, BRUCE  
STREET ADDRESS 421 SE MIST CT  
CITY-ST-ZIP PALM BAY FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PS ☒ Change ☐ Addition

1.2 NAME ANDERSON, LISA  
1.3 STREET ADDRESS 2090 TURTLEMOUND RD.  
1.4 CITY-ST-ZIP MELBOURNE, FL 32934  
SAME PERSON  
NEW ADDRESS

2.1 TITLE VT ☒ Change ☐ Addition

2.2 NAME ANDERSON, BRUCE  
2.3 STREET ADDRESS 2090 TURTLEMOUND RD.  
2.4 CITY-ST-ZIP MELBOURNE, FL 32934  
SAME PERSON  
NEW ADDRESS

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.

SIGNATURE: Bruce Anderson (BRUCE ANDERSON (VP & T) 8-15-98 1407) 775-7700

CR2E034 (5/98)