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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P94000069860

1. Corporation Name

ANDERSON DAINT & DADED INC

FILED Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90095 008 ***150.00

ANDERS	ON FAINT & FAFER, INC.								
Principal Place	e of Business	Mailing Address				- 1 (MB)(Mb) (CR (Mt)) difft; MA12) mb)() maiti maiti	Billia (BIB) (Bila i)1111 10 11 1001	
2090 TURTLEMOUND RD P.O. BOX 1507 MELBOURNE FL 32934 MELBOURNE FL US						DO NOT WRITE IN THIS	SPACE		
						3. Date Incorporated or Qualifed 09/22/1994			
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	App	lied For	
21		26				59-3279797	Not	Applicable	
	#. etc	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.7.5 _. A	dditional	
22	,	27				5. Centicate of Status Desired	Fee Red	uired	ĺ
City & State	е	City & State			-1.	6. Election Campaign Financing	\$5.00	- 1	i
23		28				Trust Fund Contribution	Added to	Fees	
Zip	Country	Zip		untry		8. This corporation owes the current year In			İ
24	25	29	30	_		Personal Property Tax. 10. Name and Address of New Registered		□No	i
	9. Name and Address of Curren	t Registered Agent		81	Name	10. Name and Address of New Registered	Agent	-	l
AND	EDOON RDITCE			"	Name				l
ANDERSON, BRUCE 2090 TURTLEMOUND RD				82	Street Addre	ess (P.O. Box Number is Not Acceptable)			
	BOURNE FL 32934			83					
MILL	DOURINE I E 32304			63					ļ
•				84	City	FL	85 Zip C	ode	
office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was a	authorize	a by	tne corporatio	oration submits this statement for the purpose of in's board of directors. I hereby accept the appo	changing its r intment as reg	egistered istered	
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE	E. Registere	d Agen	t signature required		-		1
12.	· · · · · · · · · · · · · · · · · · ·	ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS A	OD DIRECTOR	RS IN 12	;
TITLE	PS	☐ DELETE .		TITLE			Change	☐ Addition	:
NAME	ANDERSON, LISA			NAME					1
STREET ADDRESS			1.3 STREE						Į
CITY-ST-ZIP	MELBOURNE FL 32934	☐ DELETE	_	ЛY-SI	T-ZIP				;
TITLE	VT		2.1 TITLE		i		☐ Change	☐ Addition	İ
NAME	ANDERSON, BRUCE 2090 TURTLEMOUND_RD				1		Change	☐ Addition	
_STREET ADDRESS	1 2090 HIBH EMILINII BI		2.2 N	NAME			☐ Change	☐ Addition	
CITY-ST-ZIP			22 N 23 S	VAME STREET	radoress		☐ Change	Addition	=
NAME	MELBOURNE FL 32934		22 N 23 S 2.4 I	VAME STREET CITY-S			☐ Change	☐ Addition	=
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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: