

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000081419 (1)

1. Corporation Name

ANDERSON MANAGEMENT SYSTEMS, INC.



Principal Place of Business

800 LAUREL OAK DR.
SUITE 200
NAPLES FL 33963

Mailing Address

800 LAUREL OAK DR.
SUITE 200
NAPLES FL 33963

3. Date Incorporated or Qualified
11/04/1994

3a. Date of Last Report
10/23/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
65-0536408

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐ Added to Fees

24

Country

29

Country

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

ANDERSON, JACK B
800 LAUREL OAK DR.
SUITE 200
NAPLES FL 33963

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

Jack B. Anderson
Signature of typed or printed name of registered agent and title if applicable

JACK B ANDERSON

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME
ANDERSON, JACK B
STREET ADDRESS
800 LAUREL OAK DR., SUITE 200
CITY-ST-ZIP
NAPLES FL 33963

TITLE ☐ DELETE

NAME
ANDERSON, ANN E
STREET ADDRESS
800 LAUREL OAK DR., SUITE 200
CITY-ST-ZIP
NAPLES FL 33963

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
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TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

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:

Jack B. Anderson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(502) 826-9451

CR2E034 (12/95)