FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
Mar 21 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

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

DOCUMENT # **P95000055230 (3)**

1. Corporation Name
ANDERSON MARINE, INC.

Principal Place of Business	Mailing Address
~~1904 LISENBY AVE.~~ ~~PANAMA CITY FL 32405~~ 1045 Jenks Ave. Panama City, FL 32401	~~1904 LISENBY AVE.~~ ~~PANAMA CITY FL 32405-3003~~ P.O. Box 15937 Panama City, FL 32406

3. Date Incorporated or Qualified: 07/14/1995
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business
21 Anderson Marine, Inc.
Suite, Apt. #, etc.
22 1045 Jenks Ave.
City & State
23 Panama City, FL
Zip: 24 32401 Country: 25 USA

2a. Mailing Address
26 Anderson Marine, Inc.
Suite, Apt. #, etc.
27 P.O. Box 15937
City & State
28 Panama City, FL
Zip: 29 32406 Country: 30 USA

4. FEI Number: 59-3350983 ☐ 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, MICHAEL L
1904 LISENBY AVE.
PANAMA CITY FL 32405

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 Section 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 (NOTE: Registered Agent Signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ANDERSON, MICHAEL L ~~1904 LISENBY AVE.~~ 1045 Jenks Ave ~~PANAMA CITY FL 32405~~ Panama City, FL	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PD Anderson, Michael L. 1045 Jenks Ave. Panama City, FL 32401
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSTD ANDERSON, SHERRY ~~1904 LISENBY AVE.~~ 1045 Jenks Ave ~~PANAMA CITY FL 32405~~ Panama City, FL	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	VSTD Anderson, Sherry 1045 Jenks Ave. Panama City, FL 32401
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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 if changed, or on an attachment with an address.

SIGNATURE: Sherry A. Anderson 3/19/97 904 785-5700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #