FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

Mailing Address

 PROFIT CORPORATION annual report

1997

Principal Place of Business

STREET ADORESS

STREET ADDRESS CHY- S1-7IP

CITY - \$1 - 71P

TITLE

NAME



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000042137 (5)

ANDERSON CONSTRUCTION CORPORATION

3077 OTH STREET 3077 DTH STREET ORLANDO FL 32820-1806 ORLANDO FL 32620 3. Date Incorporated or Qualified 3a. Date of Last Report 05/17/1996 2a. Mailing Address 2. Principal Place of Business 4. FEI Number Applied For 59-3381573 Not Applicable 26 Suite Apt # etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be П 23 28 Trust Fund Contribution Added to Fees Country Zφ Country Ζip 8. This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 29 30 Florida Statutes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name ANDERSON, RAYMOND **254 SEAKOVE STREET** 82 Street Address (P.O. Box Number is Not Acceptable) PANAMA CITY BEACH FL 32413 83 84 City 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 Stignal you type dior printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) (96/6)OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition THILF 1.1 TITLE ANDERSON, RAYMOND 32E034 1.2 NAME NAME 254 SEAKOVE STREET 1.3 STREET ADDRESS STREET ADDRESS PANAMA CITY BEACH FL 32413 1.4 CITY-ST-ZIF CITY - ST - 7IP DELETE Change Addition TITLE 21 TITLE 22 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS 2 4 City-S1-ZIP CITY - ST - ZIP DELETE Change Addition Title 31 THILE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY - ST-ZIP CITY-ST-ZiP DELETE ☐ Change Addition TIFLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST- ZIP CHY-SI-ZIF DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

54 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

DELETE

14. Loo 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 efficer 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.

Change

FILED

Apr 23 1997 8:00am

Secretary of State

407-380-9090

Addition