

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 02, 1999 8:00 am  
Secretary of State

04-02-1999 90095 015 \*\*\*150.00

DOCUMENT # P96000048333

1. Corporation Name

ANDERS & ASSOCIATES, INC.



Principal Place of Business

2100 OCEAN DRIVE SOUTH  
PH-3  
JACKSONVILLE BEACH FL 32250

Mailing Address

2100 OCEAN DRIVE SOUTH  
PH-3  
JACKSONVILLE BEACH FL 32250

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/06/1996

4. FEI Number

59-3407348

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 the current year Intangible  
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

21 788 8TH AVE S.

2a. Mailing Address

26 P.O. Box 51522

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 JAX BEACH, FL

City & State

28 JAX BEACH, FL

Zip

24 32250

Country

25 USA

Zip

29 32240

Country

30 U.S.A

9. Name and Address of Current Registered Agent

ANDERS, LLOYD G  
2100 OCEAN DRIVE SOUTH  
PH-3  
JACKSONVILLE BEACH FL 32250

10. Name and Address of New Registered Agent

81 Name

ANDERS, LLOYD G.

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

788 8TH AVE S.

83

84 City

JACKSONVILLE BEACH

FL

85 Zip Code

32250

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

*[Signature]*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3-30-99

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME ANDERS, LLOYD G

STREET ADDRESS 2100 OCEAN DR. S., PH-3

CITY-ST-ZIP JACKSONVILLE BEACH FL 32250

TITLE V ☒ DELETE

NAME NORMAN, MARY J

STREET ADDRESS 2100 OCEAN DR. S., PH-3

CITY-ST-ZIP JACKSONVILLE BEACH FL 32250

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

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

788 8TH AVE S.  
JACKSONVILLE BEACH, FL 32250

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

SECRETARY  
EMIL P. ANDERS  
378 WALTON  
BATON ROUGE, LA 70815

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☒ Change ☐ Addition

☐ Change ☒ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/99

Date

(904) 571-2466

Daytime Phone #

CR2E034 (11/98)