FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Apr 06, 2001 8:00 am Secretary of State DOCUMENT # P96000048333 ANDERS & ASSOCIATES, INC. 04-06-2001 90056 010 ***150.00 Principal Place of Business Mailing Address 4741 MARSH HANOVER DR W P.O. BOX 51522 JACKSONVILLE BEACH FL 32240 JACKSONVILLE FL 32224 2. Principal Place of Business 3. Mailing Address 4235 MARIN LANDING BUD Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE AM. 938 City & State Applied For City & State 4. FEI Number 59-3407348 JACKSONVILLE BOIL, FL Not Applicable Zip 32250 Country Zip Country \$8.75 Additional 5. Certificate of Status Desired DUVAL Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent AMOERS, LLOYD G. ANDERS, LLOYD G Street Address (P.O. Box Number is Not Acceptable) 4235 MALSH LANDING BUD 4741 MARSH HAMMOCK DR W JACKSONVILLE FL 32224 APT. 938 Zip Code 32250 City JACKSUNVILLE BEACH 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida 4-2-01 LLUYO G. ANDERS Signature, lyptod or printed name of registered agent and title if applicable. SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. CR2E034 (10/00) Change Change TITLE ☐ Delete PLESIDENT ANDERS, LLUYO 6. ANDERS, LLOYD G NAME NAME 4235 MARSH LANDING BWO. APT 938 JAKKONVINE PUFL 32250 STREET ADDRESS STREET ADDRESS 4741 MARSH HANOVER DR W CITY-ST-7IP CiTY-ST-ZIP JACKSONVILLE FL 32224 TITLE Delete SECRETARY ANDERS, ERIC NAME NAME ANDERS, DELORIS M. 4235 MARSH GADING BLUD. ATT. 938 STREET ADDRESS STREET ADDRESS 378 WALTON BATON ROUGE FL 70815 CITY-ST-ZIP CITY-ST-ZIP JACKENHULE BCN, PL 32250 TITLE Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Lloyo 6. Arosens 4-2-01 (904) 571. 2466

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Description Phone #