

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 27, 1999 8:00 am
Secretary of State

04-27-1999 90193 038 ***150.00

DOCUMENT # P96000076180

1. Corporation Name

ANDERSON SALES GROUP, INC.

Principal Place of Business

7000 SE SHENANDOAH DR
MOBE SOUND FL 33475

4000 N.E. BREAKWATER DR
JENSEN BEACH, FL 34957

Mailing Address

P.O. BOX 2021

MOBE SOUND FL 33475

P.O. BOX 488
JENSEN BEACH, FL
34958

2. Principal Place of Business

21 4000 N.E. BREAKWATER DR

Suite, Apt. #, etc.

22

City & State

23 JENSEN BEACH, FL

Zip Country

24 34957 25

2a. Mailing Address

26 P.O. Box 488

Suite, Apt. #, etc.

27

City & State

28 JENSEN BEACH, FL

Zip Country

29 34958 30

9. Name and Address of Current Registered Agent

BRODIE, LAWRENCE P
819 S FEDERAL HWY STE 106
STUART FL 34994

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/12/1996

4. FEI Number

65-0702265

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year intangible
Personal Property Tax.

☐ Yes

☒ No

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 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PS ☐ DELETE

NAME ANDERSON, BERTRAM R.
STREET ADDRESS 7000 SE SHENANDOAH DR
CITY-STATE-ZIP MOBE SOUND FL

TITLE VT ☐ DELETE

NAME ANDERSON, ARLENE F
STREET ADDRESS 7000 SHENANDOAH DR
CITY-STATE-ZIP MOBE SOUND FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS 4000 N.E. BREAKWATER DR
1.4 CITY-STATE-ZIP JENSEN BEACH, FL 34957

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS 4000 N.E. BREAKWATER DR
2.4 CITY-STATE-ZIP JENSEN BEACH, FL 34957

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

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: By BRAN Pres
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/99 561-232-0404
Date Daytime Phone #

CR2E034 (1/98)