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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000095925 (9)

W.J. ANDERSON INC.

FILED Mar 25 1998 8:00am Secretary of State



Principal Place of Business Mailing Address					E TOUCH BUT HE ADOM DAVIN COUNTY SERVE WOLL OF	INDIA TAKAN MENIA EDILIK BEDA		
500 DUVAL STREET ST AUGUSTINE FL 32095		500 DUVAL STREET St augustine Fl 32095				DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualified		
						11/20/1996		
2. Principal Pi	ace of Business	2s. Mailing Address				4. FEI Number	Apı	olied For
21		26				59-3426659	Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 A	
22		27				G. Corporation of clares position	Fee Re	<u>-</u>
City & State	•	City & State				6. Election Campaign Financing	\$5.00	
Zip Country		28 Zin	Zip Country			Trust Fund Contribution		
24	25 29 30			, ,	Personal Property Tax due June 30. Yes No			
g. Name and Address of Current Registered Agent						10. Name and Address of New Regis		
ANDERSON, WILLIE JR					Name			
500	DUVAL STREET		82 Street Ad		Street Addres	ss (P.O. Box Number is Not Acceptable)		
ST .	AUGUSTINE FL 32095				000000000			
				83				
				84	City		85 Zip C	ode
							FL "	
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.								registered
SIGNATURE								
				d Age	nt signature required	when reinstating) ADDITIONS/CHANGES TO OFFICEF	DATE	2 IN: 12
TITLE	740		13.	TL F		ADDITIONS/CHANGES TO OFFICER	Change	Addition
NAME	WILLIE, ANDERSON J	_	1.2 NAME		i			
STREET ADDRESS	500 DUVAL STREET		1.3 S		ADDRESS			
CITY-ST-ZIP	ST. AUGUSTINE FL		1.4 0		r-ZiP			
TITLE		DELETE	2.1 THILE				Change	Addition
NAME			2.2 N					
STREET ADDRESS			2.3 ST		address			
CITY-ST-ZIP			2. 4 CHT		T-ZIP			
TITLE		☐ DELETE	E 3.1 TITLE				L Change	☐ Addition
NAME			3.2 NAME					
STREET ADDRESS			3 3 STREET ADDRESS		ı			
CITY-ST-ZIP		☐ DELETE	34. CI		T-ZIP		Change	Addition
TITLE		□ Detter	4.1 TITLE				C. Onlange	
NAME STREET ADDRESS			4. 2 NAME 4.3 STREET ADDRESS		ADDRESS			Ì
CITY-ST-ZIP			4.4 CITY-ST-ZIP					
TITLE		DELETE	5.1 TI		1-411		☐ Change	Addition
NAME			5.2 NAME					Į.
STREET ADDRESS					ADDRESS			i
CITY-ST-ZIP			5.4 CI		i			
TITLE		DELETE	6.1 TI				Change	Addition
NAME			6.2 N/	AME	1			
STREET ADDRESS			6.3 S1	reet	ADDRESS			
CITY+ST-ZIP			6.4 CI	TY-S	T- 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 informatio 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 pame appears in Block 12 or Block 13 if changed, or on an attachment with an address.

WILLE ANDERSON OR 3-21-198 825-4828