

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

FILED  
Jun 05 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000098256 (6)

1. Corporation Name

ANDERSON AUTOMATED, INC.

Principal Place of Business

1820-C LANDING DRIVE  
SANFORD FL 32771

Mailing Address

1820-C LANDING DRIVE  
SANFORD FL 32771

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/26/1996

4. FEI Number

59-3414291

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 or has paid the current year Intangible  
Personal Property Tax due June 30.

Yes No

2. Principal Place of Business

21 5770 ORANGE ROAD N.

Suite, Apt. #, etc.

22 City & State

23 SEMINOLE, FL

24 33772-7530

25 Pinellas

2a. Mailing Address

26 5770 ORANGE ROAD N.

Suite, Apt. #, etc.

27 City & State

28 SEMINOLE, FL

29 33772-7530

30 Pinellas

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

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 fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	DELETE
NAME	ANDERSON, DAVID	
STREET ADDRESS	8380 ULMERTON ROAD	
CITY-ST-ZIP	LARGO FL 33771	
TITLE	V	DELETE
NAME	ANDERSON, TIMOTHY	
STREET ADDRESS	8380 ULMERTON ROAD	
CITY-ST-ZIP	LARGO FL 33771	
TITLE	ST	DELETE
NAME	ANDERSON, DANA	
STREET ADDRESS	8380 ULMERTON ROAD	
CITY-ST-ZIP	LARGO FL 33771	
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	P	Change	Addition
1.2 NAME	ANDERSON, DAVID		
1.3 STREET ADDRESS	5770 ORANGE ROAD N.		
1.4 CITY-ST-ZIP	SEMINOLE, FL 33772-7530		
2.1 TITLE	V	Change	Addition
2.2 NAME	ANDERSON, TIMOTHY		
2.3 STREET ADDRESS	2004 4th STREET N. #3		
2.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33704		
3.1 TITLE	S	Change	Addition
3.2 NAME	ANDERSON, MARY		
3.3 STREET ADDRESS	5770 ORANGE ROAD N.		
3.4 CITY-ST-ZIP	SEMINOLE, FL 33772-7530		
4.1 TITLE	T	Change	Addition
4.2 NAME	LEPPERSON, WARREN		
4.3 STREET ADDRESS	1873 64th AVENUE N.		
4.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33702		
5.1 TITLE		Change	Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		Change	Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-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.

SIGNATURE: David E. Anderson

20 June 1998

(612) 321 2271

CR2E034 (10/97)