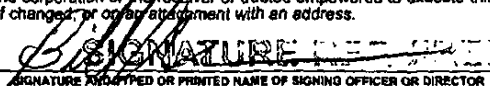


AMOUNT DUE ON OR BEFORE 09/15/99: \$350 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Aug 13, 1999 8:00 am
Secretary of State

08-13-1999 90011 042 ***550.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000000513					
1. Corporation Name ANDERSON MFG. & UPHOLSTERY, INC.					
Principal Place of Business 2459 CHENEY HWY TITUSVILLE FL 32780			Mailing Address 2459 CHENEY HWY TITUSVILLE FL 32780		
DO NOT WRITE IN THIS SPACE					
3. Date Incorporated or Qualified 01/01/1997					
2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip Country			2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip Country		
24. 25.			29. 30.		
9. Name and Address of Current Registered Agent ANDERSON, DAVE 5950 EDISON ST COCOA FL 32927			10. Name and Address of New Registered Agent 81. Name ANDERSON, DAVE 82. Street Address (P.O. Box Number is Not Acceptable) 2469 WASHINGTON AVE 83. 406C 84. City TITUSVILLE FL 85. Zip Code 32780		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
1.1 TITLE ☐ DELETE 1.2 NAME ANDERSON, BILLY D 1.3 STREET ADDRESS 5950 EDISON ST 1.4 CITY-ST-ZIP COCOA FL 32927					
2.1 TITLE ☐ DELETE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP					
3.1 TITLE ☐ DELETE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP					
4.1 TITLE ☐ DELETE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP					
5.1 TITLE ☐ DELETE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP					
6.1 TITLE ☐ DELETE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE ☒ Change ☐ Addition 1.2 NAME ANDESON, BILLY D. 1.3 STREET ADDRESS 2469 WASHINGTON AVE 1.4 CITY-ST-ZIP TITUSVILLE, FL 32780					
2.1 TITLE ☐ Change ☐ Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP					
3.1 TITLE ☐ Change ☐ Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP					
4.1 TITLE ☐ Change ☐ Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP					
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CR2E034 (5/99)