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1.	OCUMENT NUMBER(S), (if known): 4000045553049 -11/05/0101053019 ******35.00 ******35.00
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NEW FILINGS Profit	AMENDMENTS Amendment
Not for Profit Limited Liability Domestication Other	Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger Resignation of R.A., Officer/Director No. 100
OTHER FILINGS Annual Report Fictitious Name	REGISTRATION/QUALIFICATION Foreign Limited Partnership Reinstatement Trademark Other
PR2E031(7/97)	Examiner's Initials (0)

C

, STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

the undersigned corpo	oration organized under the	i, 617.0502, 607.1508, or 61 laws of the State of _FLORII ge its registered office or reg	DA		
the State of Florida.					
1. The name of the co	rporation: ANDERSON	MATERIALS CO., INC.			
2. The mailing addres	s of the corporation : P.O	. BOX 1829, LAKE CITY	, FL 32056-1829		-
3. Date of incorporati	ion/qualification:	Document nur	nber: <u>P97000037293</u>	3	-*-
4. The name and addr	ess of the current registered	agent and office:			
TOHN	V E. NORRIS				
	N. MARION ST., STE.	301			•
	E CITY, FL 32055				
5. The name and addr	ess of the new registered ag	ent (if changed) and/or regist Not Acceptable)	ered office (if changed):	
BR	IAN P. SCHREIBER				
_ 2 (GUERDON RD., POST OFF	FICE BOX 1829		·	
LAF	KE CITY, FL 32055				: ·.
The street address of agent, as changed, wi	its registered office and the	e street address of the busine	ss office of its register	ed	
		adopted by its board of direc			
X Doug And	Jana on				,
(Signature of an of	ficer, chairman or vice chairman of	the board)	(Date)		-
DOUG ANDERSON,	rinted or typed name and title)	· · · · · · · · · · · · · · · · · · ·	֥. ,		Σ
Having been named a corporation, I hereby I further agree to conperformance of my discount of the control of th	as registered agent and to a accept the appointment as apply with the provisions of uttes, and I am familiar wit	accept service of process for registered agent and agree all statutes relative to the pr h and accept the obligation of	the above stated to act in this capacity oper and complete of my position as		0
regisiereu ageni. 1 - R - D 1 - 1	2 1	:0/0-	<i>l</i> .	<u></u>	NS SE
Signatur	e of Registered Agent)	(Date)	<u>/0 /.</u>	₹	왕
If signing on behalf of an	entity:			4	ARY CO
BRIAN P. SCHRE				3	390 390
(Typed o	r Printed Name)	(Capa	acity)	意	STAT
	* * * FILING	FEE: \$35.00 * * *			<u>S</u> m

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