

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90024 050 ***150.00

DOCUMENT # P970000372931. Entity Name
ANDERSON MATERIALS CO., INC.Principal Place of Business
**2 GUERDON ROAD
LAKE CITY FL 32055
US**
Mailing Address
**P.O. BOX 1829
LAKE CITY FL 32056-1829
US**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3444614**Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SCHREIBER, BRIAN P
2 GUERDON RD
LAKE CITY FL 32055**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **SCHREIBER, BRIAN P**
STREET ADDRESS **2 GUERDON ROAD**
CITY-ST-ZIP **LAKE CITY FL 32055**TITLE **VPD** ☐ Delete
NAME **STRICKLAND, EUGENE**
STREET ADDRESS **2 GUERDON ROAD**
CITY-ST-ZIP **LAKE CITY FL 32055**TITLE **D** ☐ Delete
NAME **ANDERSON, DOUG**
STREET ADDRESS **2 GUERDON ROAD**
CITY-ST-ZIP **LAKE CITY FL 32055**TITLE **ST** ☐ Delete
NAME **CHILDERS, CINDY A**
STREET ADDRESS **HWY 349 NORTH**
CITY-ST-ZIP **OLD TOWN FL 32680**TITLE **D** ☐ Delete
NAME **ANDERSON, JOE H. JR.**
STREET ADDRESS **HWY 349 NORTH**
CITY-ST-ZIP **OLD TOWN FL 32680**TITLE **D** ☐ Delete
NAME **ANDERSON, JOE H. III**
STREET ADDRESS **HWY 349 NORTH**
CITY-ST-ZIP **OLD TOWN FL 32680**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**3-20-02**

Date

Daytime Phone #

CR2E034 (9/01)