

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

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

04-13-1999 90086 007 \*\*\*158.75

DOCUMENT # P97000071512

1. Corporation Name

ANCHOR RECOVERIES, INC.



Principal Place of Business

4732 N DALE MABRY HWY  
SUITE 410  
TAMPA FL 33614  
US

Mailing Address

P.O. BOX 26272  
TAMPA FL 33623  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/18/1997

4. FEI Number

59-3462186

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 the current year Intangible

Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

21 220 E. MADISON ST.

2a. Mailing Address

26 220 E. MADISON ST.

Suite, Apt. #, etc.

22 SUITE 825

Suite, Apt. #, etc.

27 SUITE 825

City & State

23 TAMPA, FL

City & State

28 TAMPA, FL

Zip

24 33602

Country

25 HILLSBOROUGH

Zip

29 33602

Country

30 HILLSBOROUGH

9. Name and Address of Current Registered Agent

WEINDORF, LAWRENCE  
4732 N DALE MABRY HWY  
SUITE 410  
TAMPA FL 33614

10. Name and Address of New Registered Agent

81 Name

JERRY JONES

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

220 E. MADISON ST.

83

SUITE 825

84 City

TAMPA

FL

85 Zip Code

33602

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 *L. Weindorf*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-7-99

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME WEINDORF, LAWRENCE

STREET ADDRESS P.O. BOX 26272 N/A

CITY-ST-ZIP TAMPA FL 33623

TITLE ☐ DELETE

NAME WEINDORF, LAWRENCE

STREET ADDRESS 220 E. MADISON ST. SUITE 825

CITY-ST-ZIP TAMPA, FL 33602

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☒ Change ☐ Addition

D WEINDORF, LAWRENCE

220 E. MADISON ST. SUITE 825

TAMPA, FL 33602

☐ Change ☐ Addition

M

JERRY JONES

220 E. MADISON ST. SUITE 825

TAMPA, FL 33602

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE: *L. Weindorf*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-7-99

Date

813-223-5227

Daytime Phone #

CR2E034 (11/98)

0401217