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

PROFIT CORPORATION **ANNUAL REPORT**



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

FILED May 24, 1999 8:00 am Secretary of State

05-24-1999 90009 047 ***150.00

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1. Corporation Name

THES	ANDERLING, INC.				
Principal Pla	ce of Businoss	Mailing Address			
6002 SANDERLING LANE		6902 SANDERLING LANE			
HUDSON FL	34867	HUDSON FL 34867		DO NOT WRITE IN THIS	SPACE
				3. Date Incorporated or Qualified	
				10/22/1997	
— · ·	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	4 4	26	<u>-</u>	59-3479289	
Suite, Apl	. #, &C.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & Sta	te	Crty & State		Election Campaign Financing	Fee Required \$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zep	Country	8. This corporation owes or has paid the cu	
24	25		30	Personal Property Tax due June 30.	Yes 🔀 No
	g. Name and Address of Curre	ent Registered Agent		10. Name and Address of New Registered	Agent
	ONZALES, LARRY J		81 Name		
8845 RIDGE ROAD			62 Street Addre	ess (P.O. Box Number is Not Acceptable)	· · · · · · · · · · · · · · · · · · ·
PU	RT RICHEY FL 34868		63		
			84 City	FL	85 Zip Code
11. Pursuant office or agent. I s	to the provisions of Soctions 607.05 registered agent, or both, in the Statem tamiliar with, and accept the oblig	02 and 607,1508, Florida Statute e of Florida Such change was a gations of, Section 607,0505, Flor	s, the above-named corporation that is above-named corporation of the	oration submits this statement for the purpose of on's board of directors. I hereby accept the app	changing its registered cointment as registered
SIGNATURE					
12.	Signature, lyped or printed name of registered ap OFFICERS AR	you and the Paysical to (NOTE. ND DIRECTORS	Registered Agent signature required 13.	ADDITIONS/CHANGES TO OFFICERS AND	DIDECTORS IN 12
TITLE	D	DELETE	1.1 TITLE	ADDITIONATION AND THE PROPERTY AND	Change Addition
NAME	BRANSON, VICTOR I		1.2 NAME		_ ,
STREET ADDRESS	6902 SANDERLING LANE		1.3 STREET ADDRESS		
DITY-ST-ZIP	HUDSON FL 34687		1,4 CMY-ST-ZIP		
TITLE	0	☐ DELETE	2.1 TITLE		Change Addition
NAME	BRANSON, FRIEDA A		2.2 NAME		
STREET ADDRESS	6902 SANDERLING LANE		2.3 STREET ADDRESS		
CITY-ST-ZIP	HUDSON FL 34667	DELETE	2.4 CITY - ST - ZIP 3.1 TITLE		☐ Change ☐ Addition
NAME			32 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			34. CITY - ST - ZIP		
TITLE		☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CNY-ST-ZP			4.4 CITY - ST-ZIP	·	
TITLE		☐ DELETÉ	5.1 TITLE		Change Addition
STREET ADDRESS			5.2 NAME		
CITY-ST-ZIP			5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		ļ
CITY-ST-ZIP			6.4 CITY-ST-ZIP		j
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I hereby certify that the information supplied with this filing closs not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this ennual 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 arm 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.