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

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FILED Mar 19 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # P97000093444 (2) ANDERSON & MABRY, INC. Principal Place of Business Mailing Address 4926 S MELROSE AVENUE 4926 S MELROSE AVENUE **TAMPA FL 33629 TAMPA FL 33629** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/30/1997 2. Principal Place of Business 2a. Mailing Address Applied For 59-3477666 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 Crty & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No 25 29 Personal Property Tax due June 30. 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent В1 Namo DECORT, DONALD P 415 S HYDE PARK AVENUE Street Address (P.O. Box Number is Not Acceptable) **TAMPA FL 33606** 83 84 Zip Code 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. (NOTE: Registered Agent signature required w en reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 OFFICERS AND DIRECTORS 13. TITLE DELETE Change ☐ Addition NAME MABRY, SALLY A 1.2 NAME 4926 S MELROSE AVENUE STREET ADDRESS 1.3 STREET ADDRESS TAMPA FL 33629 CITY-ST-ZIP 1.4 CITY-\$1-ZIP DELETE Change Addition TITLE 2.1 TITLE MABRY, ROBERT C JR NAME 2.2 NAME **4926 S MELROSE AVENUE** STREET ADDRESS 2 3 STREET ADDRESS TAMPA FL 33629 CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Change Addition TITLE 31 TITLE NAME 32 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP CITY - ST - ZIP DILETE Change Addition TITLE 4.1 TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME

14. Thereby certify that the information supplied with this filling 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 frue 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 conjugation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 of this report is required by Chapter 607, Florida Statutes; and that my name appears in

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Change

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