

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

FILED  
Apr 30, 1999 8:00 am  
Secretary of State

04-30-1999 90144 025 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # P98000101498

1. Corporation Name

ANDERSON-MALMSTROM, INC.



Principal Place of Business

Mailing Address

1756 ARABIAN LANE  
PALM HARBOR FL 34685-3346

1756 ARABIAN LANE  
PALM HARBOR FL 34685-3346

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/07/1998

2. Principal Place of Business

21 1917 Pinehurst Dr

2a. Mailing Address

26 1917 Pinehurst Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

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

22 City & State

23 Clearwater, FL

Zip

Country

24 33763-2228

25 Pinellas

27 City & State

28 Clearwater, FL

Zip

Country

29 33763-2228

30 Pinellas

9. Name and Address of Current Registered Agent

HOPKINS, EDWARD J  
2454 MCMULLEN BOOTH RD. STE. 410  
CLEARWATER FL 33759

10. Name and Address of New Registered Agent

81 Name Kenneth Paul Malmstrom

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

83 1917 Pinehurst Dr

84 City Clearwater

FL

85 Zip Code

33763-2228

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

Kenneth Paul Malmstrom

4-26-99

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE  
NAME ANDERSON, ROBERT  
STREET ADDRESS 1756 ARABIAN LANE  
CITY-ST-ZIP PALM HARBOR FL 34685-3346

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE SEC / TREASURER ☒ Change ☐ Addition  
1.2 NAME KENNETH PAUL MALMSTROM  
1.3 STREET ADDRESS 1917 PINEHURST DR  
1.4 CITY-ST-ZIP CLEARWATER, FL 33763-2228

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-99

Date

727-738-4241

Daytime Phone #

CR2E034 (11/98)