

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

• PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S06339** (3)

1. Corporation Name

ANDERSON-WALL, INC.



Principal Place of Business

Mailing Address

C/O JOE ANDERSON, JR.
HWY 349 NORTH
OLD TOWN FL 32680
US

P.O. DRAWER 2349
LAKE CITY FL 32056-2349

2. Principal Place of Business

2a. Mailing Address

21. State, Apt. #, etc.

26. State, Apt. #, etc.

22. City & State

27. City & State

23. Zip

Country

28. Zip

Country

24. Country

25. Country

29. Country

30. Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

10/12/1990

3a. Date of Last Report

03/17/1995

4. FEI Number

59-3108314

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 has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes

☒ No

10. Name and Address of New Registered Agent

NORRIS, JOHN E
201 N MARION STREET
STE. 301
LAKE CITY FL 32055

81. Name

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

83.

84. City

FL

85. 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and date (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ANDERSON, JOE H JR	
STREET ADDRESS	HIGHWAY 349 NORTH	
CITY- ST- ZIP	OLD TOWN FL	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	WALL, HARRIET ANDERSON	
STREET ADDRESS	HIGHWAY 349 NORTH	
CITY- ST- ZIP	OLD TOWN FL	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	WALL, ROLFE E.	
STREET ADDRESS	HIGHWAY 349 NORTH	
CITY- ST- ZIP	OLD TOWN FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	ANDERSON, JOE III	
STREET ADDRESS	HIGHWAY 349 NORTH	
CITY- ST- ZIP	OLD TOWN FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	CHILDERS, CYNTHIA A	
STREET ADDRESS	HIGHWAY 349 NORTH	
CITY- ST- ZIP	OLD TOWN FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	ANDERSON, MARION DOUGLAS	
STREET ADDRESS	HIGHWAY 349 NORTH	
CITY- ST- ZIP	OLD TOWN FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/96

352-542-7942

CR2E034 (12/95)