

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

FILED

Feb 27 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # S06339 (3)

1. Corporation Name  
ANDERSON-WALL, INC.

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified

10/12/1990

3a. Date of Last Report

02/26/1996

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 type for printed name of registered agent and, if not applicable,

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

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	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 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

SIGNATURE:

Marion Douglas Anderson

2/3/97

352-542-7942

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone

CR2E034 (9/96)