

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 11 PM 2:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S39660** (3)

1. Corporation Name
ANDRESON REALTY, INC.

Principal Place of Business Mailing Address
450 B MANDALAY AVE CLEARWATER BEACH FL 34630

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **03/21/1991** 3a. Date of Last Report **04/26/1994**

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Zip Country
24 25 29 30

4. FEI Number **59-3063227** 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

CORPORATION INFORMATION SERVICES, INC.
1201 HAYS STREET
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name **JAMES C. ANDRESON**
82 Street Address (P.O. Box Number is Not Acceptable) **450-B MANDALAY AVE.**
83 **CLEARWATER**
84 City **CLEARWATER** FL 85 Zip Code **34630**

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 *James C. Anderson* 1/12/95
Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when existing) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ANDRESON, JAMES C
STREET ADDRESS	450 B MANDALAY AVE
CITY - ST - ZIP	CLEARWATER FL
TITLE	VD
NAME	ANDRESON, DEAN
STREET ADDRESS	450 B MANDALAY AVE
CITY - ST - ZIP	CLEARWATER FL
TITLE	STD
NAME	ANDRESON, CONNIE
STREET ADDRESS	450 B MANDALAY AVE
CITY - ST - ZIP	CLEARWATER FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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: *James C. Anderson* 1/12/95 813-443-6450
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Telephone/Fax No.