

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # V49831 (3)

1. Corporation Name

ANDERSON-VOGEL, INC.



Principal Place of Business

Mailing Address

3316 W. SEVILLA ST.
TAMPA FL 33629
US

3316 W SEVILLA ST
TAMPA FL 33629
US

3. Date Incorporated or Qualified
07/07/1992

3a. Date of Last Report
07/27/1995

2. Principal Place of Business

2a. Mailing Address

21 105 E. DESOTO STREET
Suite, Apt. #, etc.

26 105 E. DESOTO STREET
Suite, Apt. #, etc.

22 City & State
PENSACOLA, FL

27 City & State
PENSACOLA, FL

23 Zip 32501 Country US

28 Zip 32501 Country US

4. FEI Number
65-0342865

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

10. Name and Address of New Registered Agent

ANDERSON-VOGEL, MELISSA
3316 W. SEVILLA ST.
TAMPA FL 33629

81 Name
ANDERSON-VOGEL, MELISSA

82 Street Address (P.O. Box Number is Not Acceptable)
~~3316 W. SEVILLA ST.~~ 105 E. DESOTO STREET

83

84 City PENSACOLA FL 85 Zip Code 32501

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME ANDERSON-VOGEL, MELISSA
STREET ADDRESS 3316 W. SEVILLA ST.
CITY-ST-ZIP TAMPA FL

1.1 TITLE D
1.2 NAME ANDERSON-VOGEL, MELISSA
1.3 STREET ADDRESS 105 E DESOTO STREET
1.4 CITY-ST-ZIP PENSACOLA, FL 32501

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Melissa Anderson-Vogel

MELISSA ANDERSON-VOGEL

7-23-96

813-839-8128

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day-Month-Year

CR2E034 (3/96)