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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

DOCUMENT # V49831

(3)

ANDERSON-VOGEL, INC.

Mailing Address

Principal Place of Business

FILED May 01 1997 8:00am Secretary of State



PENSACOLA FL 32501 US		PENSACOLA FL 32501-3154						
		us	00			3. Date incorporated or Qualified 3a. Date 07/07/1992 07/26		of Last Report 5/1996
2. Principal Pi	ace of Business	2a. Mailing A	ddress			4. FEI Number	1	Applied For
21		26	26			65-0342865		Not Applicable
Suite, Apt. #, etc.		Suite, Ap	Suite, Apt. #, etc.			5. Certificate of Status Desired		8.75 Additional Fee Required
City & State			City & State			Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees
Zip 24	Country 25	7ip	30	Country		8. This corporation has liability for in Florida Statutes	ntangible tax	
<u> </u>	9. Name and Address of Cu					10. Name and Address of New Reg	Istered Age	ent
105	ERSON-VOGEL, MELISSA E DESOTO STREET SACOLA FL 32501			81 82 83	Name Street Add	ress (P.O. Box Number is Not Acceptab	le)	
				84	City		FL	Zip Code
12.		AND DIRECTORS		13.	on signature requ	red whon relistating: ADDITIONS/CHANGES TO OFFIC		RECTORS IN 12
NAME STREET ADORESS	D ANDERSON-VOGEL, MELIS 105 E DESOTO STREET	· ·		1 1 18 UF 1.2 NAME 1.3 STREET	ADDRESS		L	Change Addition
CITY-ST-ZIP	PENSACOLA FL			1.4 CITY - S	1			
TITLE		L.		2 1 TITLE			L	Change Addition
NAME			•	2.2 NAMS				
STREET ADDRESS				2 3 STREET				
CITY-ST-ZIP TITLE				2 4 City - :	ST-ZIP			Change Addition
NAME		-		3 2 NAME				. ,
STREET ADDRESS				3.3 STREET	ADDRESS			
CITY-ST-ZIP				3.4. CITY - 3				
TITLE			DELETE	4.1 TITLE				Change Additio
NAME			i	4. 2 NAME				
STREET ADDRESS			1	4.3 STREET				
CITY-ST-ZIP	- -		DETETE	4.4 CHY - S	S1 - Z(P			Change Additio
TITLE		L	") berrie	5.1 TITLE 5.2 NAME			L.	J Orkings Additio
NAME STREET ADDRESS				5.2 NAME 5.3 STREET	ADDRESS			
			1	54 CITY-S	- 1			
CITY-ST-ZIP TITLE		-	DELETE	61 DILF	21 611			Change
NAME			_	6.2 NAML			_	
STREET ADDRESS			I		T ADDRESS			
CITY-\$T-ZIP			ŀ	6.4 CHY-5	1			
14 I do here	by certify that the information sur	nnlied with this filing d	oes not qualify fo			ed in Section 119.07(3)(i), Florida Statute	s. I further c	ertify 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 13 if changed, or on an attachment with an address.

NORN 14-1997 ANA. 125,006