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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V61805

(0)

ANDERCO INC.

					-											
Principal Place of Business				Mailing Address								1 18814 831816 8 ILM 13885 3814) 68581 811	#1811 B1811 \$	IFBUL BEREE EL	D1: 01014 (001	
1150 CLEVELAND ST SUTIE 410 CLEARWATER FL 34615 US				S	1150 CLEVELAND ST SUTE 410 CLEARWATER FL 34615 US							Date Incorporated or Qualified		ate of Las		
												09/03/1992	05/0	01/1996		
2. Principal Place of Business					2a. Mailing Address						4.	FEI Number		h	Applied Fo	
Suite Apt. #, etc.					Suite, Apt. #, etc.							59-3139075			Not Applica	
22				27	27						5.	Certificate of Status Desired			5 Additiona Required	d
City & State					City & State						6.	Election Campaign Financing		\$5.0	0 May Be	
23					28							Trust Fund Contribution		Adde	d to Fees	
Zip	Country				— `			ountry			8. This corporation has liability for intangible tax under s. 199.032,					
24	25				29 30						Florida Statutes Yes No 10. Name and Address of New Registered Agent					
Name and Address of Current Registered Agent ANDERSON, JAMES B.											10.	Name and Address of New Re	gisterea	Agent		
								81	110							}
1150 CLEVELAND ST								82	Str	eet Addre	ss (f	O. Box Number is Not Accepta				
SUITE 410								83								
CLEARWATER FL 34815																
						84	Ci	y			FL	85 Z	ip Code			
Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named co- office or registered agent, or both, in the State of Florida. Such change was authorized by the corpor- 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 registered.)														changing ointment	g its registe as registere	bar bc
12,	Signature, lytroc	o printe	d name of registered agent OFFICERS AND			ido (NO)	E: Register		ont sig	nature required		ADDITIONS/CHANGES TO OFFI	DATE	NDEOT	000 111 40	—I,
TITLE	SD		OFFICENSAND	Dine	CIONS	DELETE		HILE		<u>-</u>		ADDITIONS/CHANGES TO OFFI	JEHS AIVL	Chang		lition
NAME	ANDERSON, REGINA W							1.2-NAME						Onding	, <u> </u>	
	STREET ADDRESS 2350 N.E. COACHMAN ROAD								1.3 STREET ADDRESS							
CITY-ST-ZIP CLEARWATER FL 34625								CITY - S								- 1
TITLE	PD				DELETE			2.1 1/1LF						Chang	e Add	Jition
NAME	ANDERS	ON. J	AMES B				2.24	NAME								
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CITY-ST-ZIP	CLEARW	ATER	FL 34625				2.4	CITY-S	ST-7IF	,						ł
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NAME .			OHN C JR				321	NAME								
STREET ADDRESS						335			STREET ADDRESS							Ì
CRTY-ST-ZIP	CLEARW	ATER	FL		3.4. 0			CITY-\$1-ZIP								
TITLE	D					DELFTE	4.1	ITLE						Chang	e 🔲 Add	lition
NAME	ANDERSON, JUSTICE WOLFE						4. 2 NAM			:						
STREET ADDRESS 2350 NE COACHMAN RD							4.3 STF			REET ADDRESS						ļ
CITY-ST-ZIP CLEARWATER FL							4.4 DITY - S									j
TITLE						DELETE	5.14	TITLE						Chang	e 🗌 Add	Jilion
NAME							5.2 NAMI									
CIPELL TUUDECC							5.23	CTREET	Anna	rec						- 1

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 eath; 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

6.3 STREET ADDRESS 6.4 CITY - ST- ZIP

CICMATUDE.

TITLE NAME

STREET ADDRESS

Shanden

MACHINITA CONTRACT

61 MILE

6.2 NAME

DELETE

RALLONGAL 51

Slinka

FILED

May 19 1997 8:00am

Secretary of State

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Change

☐ Addition