

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 26, 1999 8:00 am
Secretary of State

03-26-1999 90034 040 ***150.00

DOCUMENT # V67555

1. Corporation Name

M.J. ANDERSON GENERAL CONTRACTORS, INC.

Principal Place of Business
**11382 PROSPERITY FARMS RD.
SUITE 130
PALM BEACH GARDENS FL 33410**

Mailing Address
**11382 PROSPERITY FARMS RD.
SUITE 130
PALM BEACH GARDENS FL 33410**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/28/1992

4. FEI Number

65-0358198

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

**COX, JACK S.
4400 PGA BLVD STE 201
11962 SE TIFFANY WAY
PALM BEACH GARDENS FL 33410**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE ☐ DELETE

NAME
ANDERSON, MICHAEL J.
STREET ADDRESS
2270 WILSEE RD
CITY-ST-ZIP
PALM BCH. GRDNS. FL

1.2 TITLE ☐ DELETE

NAME
TAMILA, DAVID W.
STREET ADDRESS
11962 SE TIFFANY WAY
CITY-ST-ZIP
TEQUESTA FL

1.3 TITLE ☒ DELETE

NAME
P RICCI, DONALD
STREET ADDRESS
137 INTRACOASTAL CR
CITY-ST-ZIP
TEQUESTA FL 33469

1.4 TITLE ☒ DELETE

NAME
VP HENNIES, FRED
STREET ADDRESS
133 INTRACOASTAL CR
CITY-ST-ZIP
TEQUESTA FL 33469

1.5 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.6 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

NAME
P Michael J. Anderson
STREET ADDRESS
11382 Prosperity Farms Rd., Ste 130
CITY-ST-ZIP
Palm Beach Gardens, FL 33410

1.2 TITLE ☐ Change ☒ Addition

NAME
V Edwin Leland
STREET ADDRESS
4835 Bimini Road
CITY-ST-ZIP
Tequesta, FL 33469

1.3 TITLE ☐ Change ☒ Addition

NAME
Sr. V Rick Anderson
STREET ADDRESS
840 Buttonwood Road
CITY-ST-ZIP
North Palm Beach, FL 33410

1.4 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

1.5 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

1.6 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Michael J. Anderson 8/23/99 561-627-4744

Date

Daytime Phone #

CR2E034 (1/98)