

2013 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# M71821

Entity Name: ANDERSON COLUMBIA CO., INC.**Current Principal Place of Business:**871 NW GUERDON STREET
LAKE CITY, FL 32055**Current Mailing Address:**P.O. BOX 1829
LAKE CITY, FL 32055**FEI Number:** 59-2871935**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SCHREIBER, BRIAN P
871 NW GUERDON ST
LAKE CITY, FL 32055 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title PD
Name ANDERSON, JOE HIII
Address 871 NW GUERDON STREET
City-State-Zip: LAKE CITY FL 32055

Title VP
Name WILLIAMS, TONY
Address 871 NW GUERDON STREET
City-State-Zip: LAKE CITY FL 32055

Title VD
Name CHILDERS, TIMOTHY
Address 871 NW GUERDON STREET
City-State-Zip: LAKE CITY FL 32055

Title SD
Name SCHREIBER, BRIAN
Address 871 NW GUERDON STREET
City-State-Zip: LAKE CITY FL 32055

Title VD
Name ANDERSON, DOUGLAS M
Address 871 NW GUERDON STREET
City-State-Zip: LAKE CITY FL 32055

Title VD
Name CHILDERS, CINDY A
Address 871 NW GUERDON STREET
City-State-Zip: LAKE CITY FL 32055

Title VPD
Name STRICKLAND, GENE
Address 871 NW GUERDON STREET
City-State-Zip: LAKE CITY FL 32055

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: STRICKLAND, GENE

VPD

03/26/2013

Electronic Signature of Signing Officer/Director Detail_____
Date