2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2017
Secretary of State
CC1984530810

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	VD
Name	CHILDERS, TIMOTHY
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	VPD
Name	STRICKLAND, GENE
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	SD
Name	SCHREIBER, BRIAN
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	ASST. SECRETARY
Name	MADDUX, ALISA
Address	PO BOX 1829
City-State-Zip:	LAKE CITY FL 32056

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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: BRIAN SCHREIBER — SECRETARY — 01/26/2017

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	ASST. SECRETARY
Name	STOLL, KATHY
Address	P.O. BOX 1829
City-State-Zip:	LAKE CITY FL 32055

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