

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000012170

**Entity Name:** ANDERSON UTILITY SERVICES, INC.

**Current Principal Place of Business:**

6650 BARTH ROAD  
JACKSONVILLE, FL 32219

**Current Mailing Address:**

PO BOX 1878  
CALLAHAN, FL 32011 US

**FEI Number: 59-3695810**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

COLEMAN AND KALEEL P A  
2255 DUNN AVENUE  
SUITE 601  
JACKSONVILLE, FL 32218 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            VP  
Name            ANDERSON, JOSEPH M  
Address        6650 BARTH ROAD  
City-State-Zip: JACKSONVILLE FL 32219

Title            PST  
Name            ANDERSON, BILLIE  
Address        6650 BARTH RD  
City-State-Zip: JACKSONVILLE FL 32219

*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: JOSEPH M. ANDERSON**

**VP**

**01/25/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date