

2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 857563

Entity Name: ROY ANDERSON CORP.**Current Principal Place of Business:**11400 REICHOLD RD.
GULFPORT, MS 39503**Current Mailing Address:**11400 REICHOLD RD.
GULFPORT, MS 39503 US**FEI Number:** 64-0407330**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 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 PRESIDENT
Name FULLINGTON, ROBERT
Address 11400 REICHOLD RD.
City-State-Zip: GULFPORT MS 39503

Title VP
Name HANCOCK, DOUGLAS
Address 11400 REICHOLD RD.
City-State-Zip: GULFPORT MS 39503

Title VP, OPERATIONS
Name BOLLMAN, BRETT
Address 11400 REICHOLD RD.
City-State-Zip: GULFPORT MS 39503

Title CFO, ASSISTANT TREASURER AND
 ASSISTANT SECRETARY
Name HANCOCK, DOUGLAS
Address 11400 REICHOLD RD.
City-State-Zip: GULFPORT MS 39503

Title DIRECTOR
Name ARIQAT, GHASSAN
Address 11400 REICHOLD RD.
City-State-Zip: GULFPORT MS 39503

Title VP, FIELD OPERATIONS
Name SHOWS, MARTIN
Address 11400 REICHOLD RD.
City-State-Zip: GULFPORT MS 39503

Title DIRECTOR
Name SMALLEY, GARY G.
Address 11400 REICHOLD RD.
City-State-Zip: GULFPORT MS 39503

Title ASSISTANT TREASURER
Name CVENGROS, KEVIN W.
Address 11400 REICHOLD RD.
City-State-Zip: GULFPORT MS 39503

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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: ANTHONY C. FIORE**CORPORATE
SECRETARY****04/09/2024**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name FIORE, ANTHONY C.
Address 11400 REICHOLD RD.
City-State-Zip: GULFPORT MS 39503

Title SECRETARY AND TREASURER
Name FIORE, ANTHONY C.
Address 11400 REICHOLD RD.
City-State-Zip: GULFPORT MS 39503

Title VP
Name FIORE, ANTHONY C.
Address 11400 REICHOLD RD.
City-State-Zip: GULFPORT MS 39503

Title CORPORATE SECRETARY
Name FIORE, ANTHONY C.
Address 11400 REICHOLD RD.
City-State-Zip: GULFPORT MS 39503