FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **227199** **(7)**

NOTE

1. Corporation Name
EDGEFIELD DISTRICT COMPANY

Principal Place of Business
52 BAHAMA CIRCLE
TAMPA FL 33606

Mailing Address
401-405 S. DALE MABRY HWY
TAMPA FL 33609
US

Reverse

2. Principal Place of Business
21 401-405 S.Dale Mabry
Suite, Apt. #, etc
22
City & State
23 Tampa, FL
Zip 24 33629 | County 25

2a. Mailing Address
26 52 Bahama Circle
Suite, Apt. #, etc
27
City & State
28 Tampa, FL
Zip 29 33606 | Country 30

3. Date Incorporated or Qualified 08/21/1959
3a. Date of Last Report 03/10/1995
4. FEI Number 59-6060004 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. **Name and Address of Current Registered Agent**
CULBREATH, H.L.
52 BAHAMA CIR.
TAMPA FL 33606

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 ______ DATE

12. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CULBREATH, BETTY 52 BAHAMA CIR. TAMPA FL 33606	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VTD CULBREATH, H.L. 52 BAHAMA CIR. TAMPA FL 33606	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S CASTELLANO, JUDITH K. 702 NORTH FRANKLIN ST. TAMPA FL 33602	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Culbreath, H. Lee III 103 Adriatic Avenue Tampa, FL 33606	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP		☐ Change	☐ Addition
2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change	☐ Addition
3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change	☐ Addition
4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change	☐ Addition
5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change	☐ Addition
6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change	☐ Addition

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE H. L. Culbreath [signature] 2/06/96 813/228-4295
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
H. L. Culbreath