## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## 1997 DOCUMENT # 596169

(3)

EDWARDS CONSTRUCTION SERVICES, INC.										
Principal Place of Business Mailing Address  85 S. W. S2ND AVENUE 85 S. W. S2ND AVENUE  OCALA FL 34474 OCALA FL 34474-1892 US  US						* rectal string rating prior tiping \$11\$ 1811	aren vran vivn Ele			
						3. Date Incorporated or Qualified 01/01/1979	3a. Date of 1 02/01/19		eport	
2. Principal Pl	ace of Business	2a. Mailing Address		•	<u></u>	4, FEI Number		Ap	plied For	
21		26				59-1886910			t Applicable	
Suite, Apt 4	₹, <b>e</b> tc	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional equired	
City & State	>	City & State			. <u></u>	6. Election Campaign Financing			May Be	
23		28				Trust Fund Contribution			lo Fees	
Zip			Country			8. This corporation has liability for intangible tax under s. 199.032,				
4	25	29	30				Yes No			
	9. Name and Address of Curren	t Registered Agent		81	Name	10. Name and Address of New Re	gistered Agent	<del></del>		
	ARDS, GEORGE D			"	Name					
85 S.W. 52ND AVENUE OCALA FL 34474				82	Street Addre	ess (P.O. Box Number is Not Acceptable)				
UUA	LA FL 04474			83						
								——————————————————————————————————————		
				84	City		FL 85	Zip (	Code	
SIGNATURE	Signature, typical or printed non-e-of-registered age	nn and the if apphicable (NC	)TE Registere			on's board of directors. I hereby accepted when reinstating)	DATE			
12.	OFFICERS AN	D DIRECTORS DELETE	13.			ADDITIONS/CHANGES TO OFFIC			S IN 12 Addition	
TITEF	FOUNDO AFARAF A			1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS				ıanye	LJ Modifion	
STHEET ADDRESS	ADD OF APPLIAT									
City - ST - ZiP	OCALA FL		1.4.0							
TITLE	P	DELETE 2:					☐ C	hange	Addition	
NAME	170 SW 63RD ST. RD.		2.2 N	2.2 NAME 2.3 STREET ADORESS						
STREET ADDRESS			2.3 S			¥				
CITY - ST - ZIP	OCALA FL	T DELETE	2.4 CIT		T-ZIP				T Langue	
TITLE	V WATERS LELAND D	ATERO LELAND D					. Ц 0	nange	Addition	
NAME STREET ADDRESS	WATERS, LELAND D. 474 SW 63RD ST RD			32 NAME 33 STREET ADDRESS						
CITY ST-ZIP	DOM A EL			34. CITY-SY-ZIP						
TITLE		DELETE	411		/ LE		□ c	hange	Addition	
NAME			4.21	VAME						
STREET ADDRESS			435	TREET	ADDRESS					
CITY-ST-Z-P			4.40	HTY-S	T-ZIP					
TITLE		☐ DELETE	5.1 Y				□ CI	nange	Addition Addition	
NAME			5.2 N							
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP TITLE				5.4 CITY - ST - ZIP 6.1 TITLE				hance	Addition	
NAME		been	6.2 N				U V	arı		
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP				HTY-S	/					
14. I do hereb	y certify that the information supplie	d with this filing does not qua	lify for the	exe	mption stated	in Section 119.07(3)(i), Florida Statute	s. I further certif	y that	the	
Lam an of		the receiver or trustee empo	wered to			my signature shall have the same lega t as required by Chapter 607, Florida S				

SIGNATURE:

Hore Chara George D. Edwards
NATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

ırds

1/20/97

(352)854-6266

**FILED** 

Jan 28 1997 8:00am

Secretary of State

Phone \*