FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 21, 1999 8:00 am
Secretary of State
02-21-1999 90031 027 ***150.00

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DOCUMENT # F32012

1. Corporation Name
EDGE AND ASSOCIATES, INC.

Principal Place of Business	Mailing Address
116 W VENICE AVE PO BOX 2065 VENICE FL 34284-2065 US	116 W VENICE AVE PO BOX 2065 VENICE FL 34284-2065 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 04/23/1981

2. Principal Place of Business	2a. Mailing Address
21 116 W Venice Ave	26 PO Box 2065
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Venice FL	28 City & State: Venice FL
24 Zip: 34285 25 Country: US	29 Zip: 34284-2065 30 Country: US

4. FEI Number: 59-2091176 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 owes the current year Intangible Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
EDGE, EARL D 116 WEST VENICE AVENUE VENICE FL 34285	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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DST	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	EDGE, EARL D		1.2 NAME		
STREET ADDRESS	261 GREENCOVE ROAD		1.3 STREET ADDRESS		
CITY-ST-ZIP	VENICE, FL 00000		1.4 CITY-ST-ZIP		
TITLE	DV	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	EDGE, LINDA S		2.2 NAME		
STREET ADDRESS	261 GREENCOVE ROAD		2.3 STREET ADDRESS		
CITY-ST-ZIP	VENICE, FL 00000		2.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	LANDIS, DEBORAH M.		3.2 NAME		
STREET ADDRESS	1850 JOYCE ST		3.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (11/98)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: _____ 1-5-99 941 484 8431
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #