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 # H85985

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A. & D. EDWARDS & ASSOC, REALTY INC.

Principal Page	ce of Business	Mailing Address	S S		8 (1) 1 (1)
3800 S. TAMIAMI TRAIL SARASOTA FL 34239-6905		3800 S. TAMIAMI TRAIL SARASOTA FL 34239-8808			
				3. Date Incorporated or Qualified 11/14/1985	3a. Date of Last Report 02/05/1996
2. Principal Place of Business 21		2a. Mailing Address 26		4. FEI Number 59-2616396	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #	, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30		Yes No
	9. Name and Address of Cu	rrent Registered Agent		10. Name and Address of New Re	gistered Agent
EDWARDS, ARTHUR G. 3800 S. TAMIAMI TRAIL SARASOTA FL 33577			1 380	12 Street Address (R.O. Box Number is Not Acceptable)	
<u> </u>			84 City	ce C d	FL 85 Zip Code 3 (人) 3 9
office or	to the provisions of Sections 607, registered agent, or both, in the Sam farth in with, and acceptable of	tate of Elorida. Such char	ida Statutes, the above-named conge was authorized by the corpor	ration's board of directors. I hereby acceptation	purpose of changing its registered
SIGNATURE	Structure broad or combine and representation	Zavas C		wired when rainstaling)	4/2>/97

OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change 100 11 TITLE EDWARDS, ARTHUR G. NAME 1.2 NAME 3800 S. TAMIAMI TRAIL 1.3 STREET ADDRESS STREET ADDRESS SARASOTA FL 1.4 CITY-ST-ZIP CITY - ST - ZIP DELETE THLE VST 2.1 TOLE Change ■ Addition EDWARDS, DORIS C. NAME 22 NAME 3800 S. TAMIAMI TRAIL STREET ADDRESS 2.3 STREET ADDRESS SARASOTA FL C(1) - \$1 - 21P 2. 4 CITY - ST - ZIP DELETE Addition ☐ Change TITLE 3.1 TITLE 3.2 NAME 33 STREET ADDRESS STREET ACORESS 3.4 CITY-ST-ZIP CHTY - ST - 7(P DELETE Change Addition 4.1 TITLE TITLE 4, 2 NAME NAM: STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME SPREET ADDRESS 5 3 STREET ADDRESS CITY-ST-ZIP 5.4 CiTY-ST-ZIP DELETE 6.1 TITLE Change Addition THLE 6.2 NAME NAME STREET ADDRESS. **6.3 STREET ADDRESS** 6.4 CITY-ST-ZIP City-S1-7P

14. I do 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

SIGNATURE:

FILED

Apr 29 1997 8:00am

Secretary of State