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FILED  
May 09 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P95000039785 (7)

1. Corporation Name

ELD, INC.

Principal Place of Business

39987 EMERALD COAST PKWY  
DESTIN FL 32541

Mailing Address

P.O. BOX 5220  
NICEVILLE FL 32578-5220



2. Principal Place of Business

21 Suite, Apt #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

05/16/1995

3a. Date of Last Report

05/01/1996

4. FEI Number

59-3322268

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

SHARPE, JAMES A  
225 MAIN STREET, SUITE 18--  
DESTIN FL 32540

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

39987 Emerald Coast Parkway

83

84 City Destin

FL

85 Zip Code 32541

11. Pursuant to the provisions of Sections 607.002 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office, 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 a resident of the State of Florida, and I accept the appointment under Section 607.0505, Florida Statutes.

SIGNATURE

James A. Sharpe, President

4/22/97

Signature type for printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
P	SHARPE, JAMES A	39987 EMERALD COAST PKWY	DESTIN FL 32541	<input type="checkbox"/>
VP	WEAVER, DAVID C	4540 HWY 20 EAST	NICEVILLE FL 32578	<input checked="" type="checkbox"/>
ST	RIGGS, STEPHEN C	348 S.W. MIRACLE STRIP PKWY, SUITE 34	FT WALTON BEACH FL 32548	<input checked="" type="checkbox"/>
S	HARRIS, HELENE R	4540 HWY 20 EAST	NICEVILLE FL 32578	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
VP	ANGNER, JOSEPH J.	2598 MAPLE GROVE COVE	GERMANTOWN, TN 38139	<input type="checkbox"/>	<input checked="" type="checkbox"/>
T	CHRISTIE, GERALD J.	1348 EMERALD BAY DRIVE	DESTIN, FL 32541	<input type="checkbox"/>	<input checked="" type="checkbox"/>
S	SHANNON S. CARR	736 ST. THOMAS COVE	NICEVILLE, FL 32578	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SHANNON S. CARR

4-30-97 654-4550

Date

Daytime Phone #

CR2E034 (9/96)