

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 # 120713 (3)

1. Corporation Name

EDGE MERCANTILE COMPANY



Principal Place of Business

103 W. BROAD STREET  
P.O. BOX 68  
GROVELAND FL 34736  
US

Mailing Address

P.O. BOX 68  
P.O. BOX 68  
GROVELAND FL 34736  
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

24 Zip Country

29 Zip Country

3. Date Incorporated or Qualified

08/29/1929

3a. Date of Last Report

05/01/1995

4. FEI Number

59-0230390

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

10. Name and Address of New Registered Agent

MATHIS, VICKI  
15647 CATHERINE CIRCLE  
GROVELAND FL 34736

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

Signature typed or printed name of registered agent and the filer, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE
P	THOMPSON, JOY EDGE	17025 SR 19	GROVELAND FL	<input type="checkbox"/>
VT	MAGUIRE, ROBERT	302 WEST ORANGE ST	GROVELAND FL	<input checked="" type="checkbox"/>
S	MATHIS, VICKI	15647 CATHERINE CIRCLE	MASCOTTE FL	<input type="checkbox"/>
C	MAGUIRE, ELLIOTT	3280 DEBORAH COURT	ST AUGUSTINE FL	<input checked="" type="checkbox"/>
A	MAGUIRE, BRUCE	5202 PHEASANT RUN CIRCLE	PONTE VEDRE BEACH FL	<input checked="" type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE
VP	Edy Thompson, Ealy	17025 SR 19	Groveland, FL. 34736	<input type="checkbox"/>
ST	Mathis, Vicki	15647 Catherine Circle	Groveland, FL. 34736	<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 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:

Vicki C. Mathis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-30-96 904-429-2252

Date

Daytime Phone #

CR2E034 (12/95)