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FILED  
May 16 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 # 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 34736-0068  
US

3. Date Incorporated or Qualified  
08/29/1929

3a. Date of Last Report  
02/06/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 P.O. BOX 68  
Suite, Apt. #, etc.

27

City & State

28 Groveland, Fla.

Zip

29 34736

Country

30 Lake

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

MATHIS, VICKI  
15647 CATHERINE CIRCLE  
GROVELAND FL 34736

10. Name and Address of New Registered Agent

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P THOMPSON, JOY EDGE DELETE

NAME  
STREET ADDRESS  
CITY, ST, ZIP  
17025 SR 19  
GROVELAND FL

TITLE VP THOMPSON, EALY DELETE

NAME  
STREET ADDRESS  
CITY, ST, ZIP  
17025 SR 19  
GROVELAND FL

TITLE ST MATHIS, VICKI DELETE

NAME  
STREET ADDRESS  
CITY, ST, ZIP  
15647 CATHERINE CIRCLE  
GROVELAND FL

TITLE DELETE

NAME  
STREET ADDRESS  
CITY, ST, ZIP

TITLE DELETE

NAME  
STREET ADDRESS  
CITY, ST, ZIP

TITLE DELETE

NAME  
STREET ADDRESS  
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P Thompson, Ealy Change Addition

1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY, ST, ZIP  
17025 SR 19  
GROVELAND, FLA

2.1 TITLE Change Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY, ST, ZIP

3.1 TITLE Change Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY, ST, ZIP

4.1 TITLE Change Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY, ST, ZIP

5.1 TITLE Change Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY, ST, ZIP

6.1 TITLE Change Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY, ST, ZIP

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:

*Vicki Mathis*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-97

352-429-2187

Date Daytime Phone #

CR2E034 (9/96)