FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



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

1996

	MENT # 215489	(6)					
EDWARDS AND EDWARDS, INC.							
Principal Place of Business Mailing Address					1 1881/10 1/1981 1/1001 B///F B//981 1011/	U IUA BIUN OIDII UIDA	
MARVIN R EDWARDS MARVIN R EDWARDS							
1345 RIVERB JACKSONVIL	BIRCH LN LE FL 32207 - 7540	1345 RIVERBIRCH LN JACKSONVILLE FL 32	207 - 7540				
270010011110		WOODON LEE TO GE			3. Date Incorporated or Qualified	3a. Date of La	
2. Principal Pla	ace of Business	2a. Mailing Address			09/15/1958 4. FEI Number	04/04	Applied For
21 AS ABOVE 26			AG ABOJE		59-0913773		
Suite, Apt. #	¥, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	T -	.75 Additional
22		City & State	v & State		E Floring Commission Financias	F	ee Required
23		28			Election Campaign Financing Trust Fund Contribution		5.00 May Be dded to Fees
Zip	Country Zip		Country		8. This corporation has liability for intangible tax under s 199.032,		
24	25 g. Name and Address of Current	29	30]		Florida Statutes		
	9, Name and Address of Current	negistered Agent	81 Na	ame	10. Name and Address of New R	egistered Agent	
FDWAR	DS,MARVIN R		82 Str		s (P.O. Box Number is Not Acceptab	10)	
1345 RIVERBIRCH LN			62 St	reet Addres	s (F.O. Box Number is Not Acceptab	⊕)	
JACKSO	NVILLE FL 32207		83				
!			84 Cit	ty		85	Zip Code
11 Purcuant t	o the provisions of Sections 607.0502 a	nd 607 1508 Florida Statute	ne the above pame	od compreti	on pulpoite this etatograph for the pur	FL 65	ita rapiatarad affica
SIGNATURE _	ed agent, or both, in the State of Florida h, and accept the obligations of, Section Styreture, and or printed name of registered agent an	otite if applicable (NO	TE: Registered Agent signa			DATE DATE	ered agent. Fam
12.	OFFICERS AND	DIFIECTORS DELETE	13.		ADDITIONS/CHANGES TO OFFI		
TITLE NAME	PT EDWARDS,MARVIN R	רון הנונונ	1, 1 TITLE 1,2 NAME			☐ Char	nge [Addition
STREET ADDRESS	1345 RIVERBIRCH LANE		1.3 STREET ADDR	RESS			
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY - ST - 2(P				
THLF	SD	DELETE	2 1 TITLE			☐ Chai	nge 🔲 Addition
NAME STORES ADDRESS	EDWARDS,HELENE S 1345 RIVERBIRCH LANE		2 2 NAME				
STREET ADDRESS CITY+ST-ZIP.	JACKSONVILLE FL		2.3 STREET ADOR 2.4 CITY - ST - ZIP	1			
TITLE	D	☐ DELETE	3 1 1 ITLE	<u> </u>		☐ Char	nge 🔲 Addition
NAME	EDWARDS, MARVIN R.		3 2 NAME				
STREET ADDRESS	1345 RIVERBIRCH LANE		3.3 STREET ADDR	- 1			
CITY - ST - ZIP TITLE	JACKSONVILLE FL D	☐ DELETE	3.4 CITY - ST - ZIP 4. 1 TITLE			☐ Char	nge 🔲 Addition
NAME	GUREVICH, NORMAN MARC	- Detter	4.2 NAME				igo [] Modilion
STREET ADDRESS	1211 DEVERE DRIVE		4.3 STREET ADOR	RESS			
CITY-S1-ZIP	SILVER SPINING MD		4.4 CITY - ST - ZIP				
TITLE		☐ DELETE	5. 1 TITLE			☐ Char	nge 🔲 Addition
NAME CIRCL ADDRESS			5.2 NAME	acce			
STREET ADDRESS CITY-ST-ZIP			5.3 STREET ADDR 5.4 CITY - ST - ZIP	1			
TITLE	· · · · · · · · · · · · · · · · · · ·	DELETE	6. 1 TITLE			☐ Char	nge
NAME			6.2 NAME				
STREET ADDRESS			6 3 STREET ADDR	RESS			
CrTY - ST - Z-P			64 CITY - ST - ZIP				

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 chapted, or on an attachment with an address.

SIGNATURE: _

3-1-96 (904)-737-8688 Date Phone •