## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1. Co	orporation	MEN # 215489 S AND EDWARDS, INC.							
Princi	ipal Place	of Business	Mailing Address						**********
MARVIN R EDWARDS 1345 RIVERBIRCH LN JACKSONVILLE FL 32207-7540			Marvin r Edwards 1345 Riverbirch Ln Jacksonville fl 32207-7540				DO NOT WRITE IN THI	S SPACE	
US	ONVILLE	FL 32 <b>2</b> 01-1340	US	7540			3. Date Incorporated or Qualifed 09/15/1958		
2 Pri	incinal Pl	ace of Business	2a. Mailing Address	_			4. FEI Number	App	lied For
21			26				59-0913773	Not	Applicable
	ite, Apt.	t, etc.	Suite, Apt. #, etc.			-		\$8.75 Ad	ditional
22	Ψ, Έ	- · · · · · · · · · · · · · · · · · · ·	27				5. Certificate of Status Desired	Fee Req	uired
	ty & State	3	City & State				6. Election Campaign Financing Trust Fund Contribution	- \$5.00 h Added to	-
23 Zi;	p	Country Zip 29 30			Country		This corporation owes the current year In Personal Property Tax.		□No
[24]		9. Name and Address of Curren		11			10. Name and Address of New Registered	Agent	
					81	Name			
		ARDS,MARVIN R		}	82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
		RIVERBIRCH LIN			"	Olleet Addie			
JACKSONVILLE FL 32207 - 7540					83				
! 		<b>↑</b>			84	City	F	85 Zip C	ode
44 5	Dumiliont !	to the provisions of Sections 607 050	2 and 607 1508 Florida Statu	ites the at	OVE-F	named corpo	retion submits this statement for the purpose (	of changing its r	registered
	.ee	-i-t agent or both in the State.	of Florida Such change was	ユルバカヘイパフをイル	nv tn	e corporatio	n's board of directors. I hereby accept the app	ointment as reg	istered
l a	igent. I ar	n familiar with, and accept the obligation	tions of, Section 607.0505, FI	orida Statu	tes.				
SIGN	IATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (NOT	E; Registered /	Agent s	gnature required	when reinstating) DATE	_	
12.			D DIRECTORS	13.		=	ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTOR	
TITLE		PT	☐ DELETE	1.1 777	LE			☐ Change	☐ Addition
NAME		EDWARDS,MARVIN R		1.2 NA	ME	ļ			
STREET	TADDRESS	1345 RIVERBIRCH LANE		1.3 ST	REET AI	DDRESS			
CMY-S	iT-ZiP	JACKSONVILLE FL		1.4 CIT	Y-ST-Z	ZIP			
TITLE			☐ DELETE	2.1 TITLE				☐ Change	☐ Addition
NAME	ļ	EDWARDS,HELENE S		2.2 NA	ME	İ			
STREE	T ADDRESS	1345 RIVERBIRCH LANE		2.3 ST	REET A	DDRESS			
CITY-S	T-ZIP	JACKSONVILLE FL		2. 4 CF	TY-ST-	ZIP	<u> </u>		
TITLE	LE D .		☐ DELETE	DELETE 3.1 TITLE				Change	Addition
NAME	ļ	EDWARDS, MARVIN R.		3.2 NA	MĒ		,		
STREET	T ADDRESS	1345 RIVERBIRCH LANE		3.3 STI	REETA	DORESS			
CITY-S	CITY-ST-ZIP JACKSONVILLE FL			3.4. CITY-ST-ZIP		ZΡ			
TITLE		0		4.1 TIT	4.1 TITLE			☐ Change	☐ Addition
NAME	į	GUREVICH, NORMAN MARC		4. 2 N	ME	1			
STREE	T ADDRESS	5205 STRATHMORE AVE		4.3 ST	REETA	DORESS			
CITY-S	T-ZIP	KENSINGTON MD 20895		_	Y-ST-2	ZIP		Chonso	Addition
TITLE			☐ DELETE	5.1 TIT				Change	☐ Addition
NAME				5.2 NA		000556			
STREE	TADDRESS					DDRESS			
CITY-S	ST-ZIP			5.4 CIT 6.1 TIT	IY-ST-Z	ar		☐ Change	Addition
TITLE				6.2 NA		1	•		
NAME	T ADDDECC					DDRESS			
I CIDEE	TADDDESS			E 0.0 01	^				

14. I 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, with all other like empowered.

6.4 CITY-ST-ZIP

ESMARVINGRE EDWARDS PRESIDENT