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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 227199

1. Corporation Name

CITY-ST-ZIP

EDGEFIELD DISTRICT COMPANY

	e or business	Mailing Address							
401-405 S DALI	F MARRY	52 BAHAMA CIRCLE	=						
TAMPA FL 3360		TAMPA FL 33606	-			1			
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						08/21/1959			
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21			4 -			33 0000004			
Suite, Apt.	#, etc.	Suite, Apt. #, et	tc.			5. Certificate of Status De	esired		Additional
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City & State	e	City & State				6. Election Campaign Fir	nancino —	\$5.00	May Be
	•	— ·				Trust Fund Contribution	- 11		to Fees
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Zip	Country	Zip	_ ~	ountry		8. This corporation owes	the current year f	_	· /
24	25	29	30			Personal Property Tax	ζ,	∐ Yes	2 (40
	g Name and Address of Current	t Registered Agent		T		10 Name and Address	f New Registere	d Agent	7
	J			81	Name	,,,	 		
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44 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4			82 Street Ad			ess (P.O. Box Number is Not	Acceptable)		
52 B	BAHAMA CIR.		02 Street Au						
TAM	PA FL 33606			83		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	d 13 (\$ 1.5)	413.200	1.69 (.1.1.24)
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				84	City			85 Zip	Code
				04	City		F	217	Code
<u> </u>	to the provisions of Sections 607.0502	2 and 607 1509 Elorida	Statutos the	abovo	named corne	eration submits this statemen	t for the nurnose (of changing its	s registered
11, Pursuant	egistered agent, or both, in the State of	z and 607. 1506, Florida of Florida. Such change	was authorize	ed by th	he comoratio	n's board of directors. I here	by accept the app	pintment as r	egistered
agent. I a	im familiar with, and accept the obligati	tions of, Section 607.05	05, Florida Sta	atutes.		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-,		
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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

FILED

Feb 11, 1999 8:00am

Secretary of State

02-11-1999 90003 012 ***150.00