

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

FILED  
Mar 24, 1999 8:00 am  
Secretary of State

03-24-1999 90047 018 \*\*\*150.00

DOCUMENT # 354794

1. Corporation Name

ROBERT D. EDWARDS & COMPANY



Principal Place of Business

Mailing Address

~~1040 NW 70TH WAY~~  
~~PLANTATION FL 33313~~

~~1040 NW 70TH WAY~~  
~~PLANTATION FL 33313~~

4921 San Pablo Court  
Naples, FL 34109

4921 San Pablo Court  
Naples, FL 34109

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/04/1969

2. Principal Place of Business

21 4921 San Pablo Court

2a. Mailing Address

26 4921 San Pablo Court

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-1357506

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

City & State

23 Naples, Florida 34109

City & State

28 Naples, Florida 34109

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

Zip Country

24 34109 25 Collier

Zip Country

29 34109 30 Collier

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

EDWARDS, MARILYN M

~~1040 NW 70TH WAY~~

~~PLANTATION FL 33313~~

Address change only

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

4921 San Pablo Court

83

84 City

Naples, Florida

FL

85 Zip Code

34109

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE STD ☐ DELETE  
NAME EDWARDS, MARILYN M  
STREET ADDRESS ~~1040 NW 70TH WAY~~  
CITY-ST-ZIP ~~PLANTATION FL~~

1.1 TITLE STD ☐ Change ☐ Addition  
1.2 NAME EDWARDS, MARILYN M.  
1.3 STREET ADDRESS 4921 SAN PABLO CT.  
1.4 CITY-ST-ZIP NAPLES, FL 34109

TITLE PD ☐ DELETE  
NAME EDWARDS, ROBERT D.  
STREET ADDRESS ~~1040 NW 70TH WAY~~  
CITY-ST-ZIP ~~PLANTATION FL~~

2.1 TITLE PD ☐ Change ☐ Addition  
2.2 NAME EDWARDS, ROBERT D.  
2.3 STREET ADDRESS 4921 SAN PABLO CT.  
2.4 CITY-ST-ZIP NAPLES, FL 34109

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)