

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JUN 13 AM 10:35

DOCUMENT # 515969

(4)

1. Corporation Name

J.W. EDWARDS, INC.

Principal Place of Business

1880 SW CLEVEL RD
P O BOX 1207
ARCADIA FL 33821

Mailing Address

1880 SW CLEVEL RD
P O BOX 1207
ARCADIA FL 33821

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/06/1976

3a. Date of Last Report

04/06/1994

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

4. FEI Number

59-1718209

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

6. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

EDWARDS, JOHN W.
1880 SW CLEVEL RD
ARCADIA FL 33821

10. Name and Address of New Registered Agent

81 Name

Mitchell I. Horowitz, Esq.

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

Fowler, White, Gillen, Boggs et al

83

501 E. Kennedy Blvd., Suite 1700

84 City

Tampa

FL

85 Zip Code

33602

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

Mitchell I. Horowitz

Signature, typed or printed name of registered agent and No 4 applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

~~SID~~
EDWARDS, JOHN W.
1880 SW CLEVEL RD
ARCADIA FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

PD
EDWARDS, JOHN W.
1880 SW CLEVEL RD
ARCADIA FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

-6
EDWARDS, BELYNDA L
1880 SW CLEVEL RD
ARCADIA FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

Sec./Treas./Director

☒ Change ☐ Addition

1.2 NAME

Karen P. Edwards

1.3 STREET ADDRESS

1880 SW Clevel Rd., P.O. Box 1207

1.4 CITY - ST - ZIP

Arcadia, FL 33821

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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 110.07(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 changed, or on an attachment with an address.

SIGNATURE:

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DATE OF FILING

5-25-95 PRES