

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

2-7-95 8-938
 CORPORATION
 ANNUAL REPORT
 1995



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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 95 FEB -7 PM 2:31

DOCUMENT # **520053** (0)
 1. Corporation Name
THE EDDY CORPORATION

Principal Place of Business Mailing Address
780 WEST GRANADA BLVD **780 WEST GRANADA BLVD**
ORMOND BEACH FL 32174 **ORMOND BEACH FL 32174**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/10/1976	3a. Date of Last Report 02/04/1994
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1703633	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

8. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
DEAN, THOMAS L. 780 WEST GRANADA BLVD ORMOND BEACH FL 32174				81	Name			JEFFREY M. PONTIOUS
				82	Street Address (P.O. Box Number is Not Acceptable)			780, N. GRANADA BLVD
				83	City			ORMOND BEACH
				84	State	85	Zip Code	FL 32174

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 *Jeffrey M. Pontious* **JEFFREY M. PONTIOUS, TREASURER** DATE **2/3/95**

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	EDDY, J. MICHAEL	1.2 NAME					
STREET ADDRESS	727 OCEANSHORE BLVD.	1.3 STREET ADDRESS					
CITY-ST-ZIP	ORMOND BEACH FL	1.4 CITY-ST-ZIP					
TITLE	PD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	EDDY, FRANK R. JR.	2.2 NAME					
STREET ADDRESS	585 OCEAN SHORE BLVD.	2.3 STREET ADDRESS					
CITY-ST-ZIP	ORMOND BEACH FL	2.4 CITY-ST-ZIP					
TITLE	TS	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	DELETE			
NAME	DEAN, THOMAS L.	3.2 NAME		DEAN, THOMAS L			
STREET ADDRESS	1411 OAK FOREST DR.	3.3 STREET ADDRESS					
CITY-ST-ZIP	ORMOND BEACH FL	3.4 CITY-ST-ZIP					
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	P/T/S			
NAME		4.2 NAME		PONTIOUS, JEFFREY M.			
STREET ADDRESS		4.3 STREET ADDRESS		780 N. GRANADA BLVD.			
CITY-ST-ZIP		4.4 CITY-ST-ZIP		ORMOND BEACH, FL. 32174			
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME		5.2 NAME					
STREET ADDRESS		5.3 STREET ADDRESS					
CITY-ST-ZIP		5.4 CITY-ST-ZIP					
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME		6.2 NAME					
STREET ADDRESS		6.3 STREET ADDRESS					
CITY-ST-ZIP		6.4 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)(b), Florida Statutes. I further certify that the information included 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 addition.

SIGNATURE *Jeffrey M. Pontious* **JEFFREY M. PONTIOUS** DATE **2/3/95** FILING FEE **(904) 673-3700**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **TREASURER**