

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90100 049 ***150.00

DOCUMENT # **520053**

1. Entity Name
THE EDDY CORPORATION

Principal Place of Business 45 SETON TRAIL ORMOND BEACH FL 32176	Mailing Address 45 SETON TRAIL ORMOND BEACH FL. 32176
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 59-1708639	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**PONTIOUS JEFFREY M
 45 SETON TRAIL
 ORMOND BEACH
 FL. 32176**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE D	<input type="checkbox"/> Delete
NAME EDDY, J. MICHAEL	
STREET ADDRESS 727 OCEANSHORE BLVD.,	
CITY-ST-ZIP ORMOND BEACH, FL. 32176	
TITLE PD	<input type="checkbox"/> Delete
NAME EDDY, FRANK R. JR	
STREET ADDRESS 585 OCEANSHORE BLVD.,	
CITY-ST-ZIP ORMOND BEACH, FL. 32176	
TITLE TS	<input type="checkbox"/> Delete
NAME PONTIOUS, JEFFREY M	
STREET ADDRESS 45 SETON TRAIL	
CITY-ST-ZIP ORMOND BEACH, FL. 32176	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE CHAIRMAN / VICE-PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **JEFFREY M. PONTIOUS** 3/27/2000 (904)673-3700
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)