

# 2014 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 582584

FILED  
May 29, 2014  
Secretary of State

**Entity Name:** THE O. EDWARDS COMPANY, INC.

**Current Principal Place of Business:**

15175 SW MYRTLE DRIVE  
INDIANTOWN, FL 349563516

**New Principal Place of Business:**

**Current Mailing Address:**

15175 SW MYRTLE DRIVE  
INDIANTOWN, FL 349563516

**New Mailing Address:**

**FEI Number:** 59-1926205

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

EDWARDS, ALICE  
15175 S.W. MYRTLE DRIVE  
INDIANTOWN, FL 34956 US

**Name and Address of New Registered Agent:**

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:** ALICE EDWARDS

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** VP  
**Name:** EDWARDS, MIKE  
**Address:** 2358 NE 96TH AVE  
**City-St-Zip:** OKEECHOBEE, FL 34972

**Title:** P  
**Name:** EDWARDS, MARK  
**Address:** 13300 SE 34TH ST.  
**City-St-Zip:** OKEECHOBEE, FL 34974

**Title:** ST  
**Name:** EDWARDS, ALICE  
**Address:** 15175 SW MYRTLE  
**City-St-Zip:** INDIANTOWN, FL 34956

**Title:** S  
**Name:** EDUARDO, MICHAEL A II  
**Address:** 738 NW 21ST STREET  
**City-St-Zip:** OKEECHOBEE, FL 34972

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** ALICE EDWARDS

ST

05/29/2014

Electronic Signature of Signing Officer or Director

Date