

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Apr 22 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F56194** (6)  
1. Corporation Name  
**ED-WIL ENTERPRISES, INC.**

Principal Place of Business  
**103 HILLSIDE CT  
MARTINEZ GA 30907**

Mailing Address  
**103 HILLSIDE CT  
MARTINEZ GA 30907-8761  
US**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>11/25/1981</b>		3a. Date of Last Report <b>04/19/1996</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>59-2152187</b>		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>DETRICK, DAVID 1281 SW 32ND ST FT LAUDERDALE FL 33315</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	85	Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WILMOT, EDWARD M.</b>	1.2 NAME	
STREET ADDRESS	<b>103 HILLSIDE COURT</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MARTINEZ GA</b>	1.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LEOPARD, WILLIAM C</b>	2.2 NAME	
STREET ADDRESS	<b>1227 FLOWING WELLS RD</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>AUGUSTA GA</b>	2.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FEARNEYHOUGH, RONALD L.</b>	3.2 NAME	
STREET ADDRESS	<b>1229 FLOWING WELLS RD.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>AUGUSTA GA</b>	3.4 CITY-ST-ZIP	
TITLE	<b>PST</b> <input type="checkbox"/> DELETE	4.1 TITLE	<b>President C.F.D. (Treasurer)</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WILMOT, PATRICIA F.</b>	4.2 NAME	<b>Wilmot Patricia F.</b>
STREET ADDRESS	<b>103 HILLSIDE COURT</b>	4.3 STREET ADDRESS	<b>103 Hillside Court</b>
CITY-ST-ZIP	<b>MARTINEZ GA</b>	4.4 CITY-ST-ZIP	<b>Martinez, GA 30907</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	<b>Secretary Lisa R. Fearneyhough</b>
STREET ADDRESS		5.3 STREET ADDRESS	<b>1229 Flowing Wells Rd</b>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<b>Augusta, GA 30909</b>
TITLE	<input type="checkbox"/> DELETE	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 does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Patricia F. Wilmot* **4-16-97 706 855 1745**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)