

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 15, 1999 8:00 am
Secretary of State
07-15-1999 90005 017 ***150.00

PROFIT CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F56194 ✓
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 US
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/25/1981	
4. FEI Number 59-2152187	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**DETRICK, DAVID
1281 SW 32ND ST
FT LAUDERDALE FL 33315**

10. Name and Address of New Registered Agent

81 Name Faye RICHARDSON	
82 Street Address (P.O. Box Number is Not Acceptable) 5851 Hollyhock DR.	
83	
84 City Lakeland	85 Zip Code FL 33813

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 *Faye Richardson* DATE **7/3/99**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	WILMOT, EDWARD M.
STREET ADDRESS	103 HILLSIDE COURT
CITY-ST-ZIP	MARTINEZ GA
TITLE	V <input type="checkbox"/> DELETE
NAME	LEOPARD, WILLIAM C
STREET ADDRESS	1227 FLOWING WELLS RD
CITY-ST-ZIP	AUGUSTA GA
TITLE	V <input type="checkbox"/> DELETE
NAME	FEARNEYHOUGH, RONALD L.
STREET ADDRESS	1229 FLOWING WELLS RD.
CITY-ST-ZIP	AUGUSTA GA
TITLE	PCFO <input type="checkbox"/> DELETE
NAME	WILMOT, PATRICIA F.
STREET ADDRESS	103 HILLSIDE COURT
CITY-ST-ZIP	MARTINEZ GA
TITLE	S <input type="checkbox"/> DELETE
NAME	FEARNEYHOUGH, LISA R
STREET ADDRESS	1229 FLOWING WELLS RD
CITY-ST-ZIP	AUGUSTA GA
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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* DATE **7-2-99** (706) 8551745
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/99)

16739		BAL. BROT FORD
DATE <u>JANUARY 11 1999</u>		
TO <u>Department of State</u>		
FOR <u>CORP ANNUAL REPORT</u>		
<u>Florida</u>	TOTAL	
	THIS CHECK	150 00
	OTHER TRANS. +/-	
TAX DEDUCTIBLE <input type="checkbox"/>	BALANCE	

Original
check sent
with report
588633-90005-17
F56194

16740		
DATE <u>JANUARY 13 1999</u>		
TO <u>NATIONS BANK</u>		
<u>1-13-99 Deposit</u>		
FOR <u>11876166</u>	TOTAL	5556 68
<u>Inv 09810098566</u>	THIS CHECK	5968 00
	OTHER TRANS. +/-	
TAX DEDUCTIBLE <input type="checkbox"/>	BALANCE	

16741		
DATE <u>JANUARY 13 1999</u>		
TO <u>Regency Thermographers</u>		
FOR <u>258317</u>	TOTAL	
<u>258924</u>	THIS CHECK	274 47
<u>259593</u>	OTHER TRANS. +/-	
<u>260143</u>	BALANCE	
<u>260582</u>		
<u>261626</u>		
TAX DEDUCTIBLE <input type="checkbox"/>		