

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # F97000004617 (3)

1. Corporation Name

ELDEN AND ASSOCIATES, INC.

Principal Place of Business

215 SOUTH MONROE ST., 2ND FL
TALLAHASSEE FL 32301

Mailing Address

215 SOUTH MONROE ST., 2ND FL
TALLAHASSEE FL 32301

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/03/1997

4. FEI Number 59-3467622

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RUDE JR, C. EDWIN
215 S MONROE ST., 2ND FL
TALLAHASSEE FL 32301

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE PCD ☒ DELETE

NAME GERHARDS, WILLIAM F
STREET ADDRESS 215 S MONROE ST 2ND FL
CITY-ST-ZIP TALLAHASSEE FL

1.2 TITLE VD ☐ DELETE

NAME DALTON, LAWRENCE M
STREET ADDRESS 215 S MONROE ST 2ND FL
CITY-ST-ZIP TALLAHASSEE FL

1.3 TITLE STD ☐ DELETE

NAME BORRESEN, JAMES M
STREET ADDRESS 215 S MONROE ST 2ND FL
CITY-ST-ZIP TALLAHASSEE FL

1.4 TITLE ASD ☐ DELETE

NAME RUDE JR, C E
STREET ADDRESS 215 S MONROE ST 2ND FL
CITY-ST-ZIP TALLAHASSEE FL

1.5 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.6 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.7 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.8 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PCD ☐ Change ☒ Addition

NAME Ron Owles
STREET ADDRESS 3536 Limerick Drive
CITY-ST-ZIP Tallahassee, Fla 32308

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME Dean S. Russell
5.3 STREET ADDRESS 215 S. Monroe Street. 2nd Floor
5.4 CITY-ST-ZIP Tallahassee, Florida 32301

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

6.5 TITLE ☐ Change ☐ Addition

6.6 NAME
6.7 STREET ADDRESS
6.8 CITY-ST-ZIP

6.9 TITLE ☐ Change ☐ Addition

6.10 NAME
6.11 STREET ADDRESS
6.12 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

C. EDWIN RUDE JR.

7-13-98

(800)223-3533

CR2E034 (10/97)