

FILE NOW: FILING FEE AFTER MAY 1ST IS \$300.00

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED

93 JUL 31 AM 10:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F97000004617 (3)

1. Corporation Name
ELDEN AND ASSOCIATES, INC.

AMENDED COPY
31 July 1998

Principal Place of Business

~~215 SOUTH MONROE ST., 2ND FL.~~
~~TALLAHASSEE FL 32301~~
3536 Limerick Dr.
Tallahassee, FL 32308

Mailing Address

~~215 SOUTH MONROE ST., 2ND FL.~~
~~TALLAHASSEE FL 32301~~
3536 Limerick Dr.
Tallahassee, FL 32308

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/03/1997

4. FEI Number

59-3464645

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

7. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes

☐

No

10. Name and Address of New Registered Agent

2. Principal Place of Business

1. Suite, Apt. #, etc.

2. City & State

3. Zip Country

4. 25

2a. Mailing Address

26. Suite, Apt. #, etc.

27. City & State

28. Zip Country

29. 30

9. Name and Address of Current 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 607.1503, 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 fee if applicable

(NOTE: Registered Agent signature required when terminating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE
POD	GERHARDS, WILLIAM F	215 S MONROE ST 2ND FL	TALLAHASSEE FL	☒
VD	DALTON, LAWRENCE M	215 S MONROE ST 2ND FL	TALLAHASSEE FL	☐
STD	BORRESEN, JAMES M	215 S MONROE ST 2ND FL	TALLAHASSEE FL	☒
ASD	RUDE JR, C E	215 S MONROE ST 2ND FL	TALLAHASSEE FL	☐
				☐
				☐

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-STATE-ZIP	Change	Addition
PCD	Ronald D. Owles	3536 Limerick Dr.	Tallahassee, FL 32308	☐	☒
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-STATE-ZIP	Change	Addition
				☐	☐
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-STATE-ZIP	Change	Addition
STD	Dean S. Russell	215 Monroe St. 2ND FL.	Tallahassee, FL 32301	☐	☒
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-STATE-ZIP	Change	Addition
				☐	☐
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-STATE-ZIP	Change	Addition
D	Eddie Boone	2047 Florida Avenue	Tallahassee, Florida 32303	☐	☒
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-STATE-ZIP	Change	Addition
				☐	☐

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: Ronald D. Owles

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

31 Jul 98

DATE: 0048067