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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # F9800004068 1. Corporation Name

GEORGE S. EDWARDS CO., INC.

**FILED** Feb 27, 1999 8:00 am Secretary of State

02-27-1999 90074 013 \*\*\*150.00



Principal Place of Business Mailing Address					i imbités ikin löliði tötti makit dætti dætti metit minn annar sæst sam com			
P.O. BOX	1480	P.O. BOX 1480						
CALERA AL 35040		CALERA AL 35040		DO NOT WRITE IN THE	DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed			
					07/16/1998			
2. Princi	pat Place of Business	2a. Mailing Address			4. FEI Number	<u> </u>	Applied For	
21	26 P.O. BOX 9		24288		63-0390817		Not Applicable	
	Suite, Apt. #, etc. Suite, Apt. #, e				5. Certifcate of Status Desired	\$8.75	Additional	
22		27		<u> </u>	5. Certificate of Status Desired	Fee	Required	
	City & State City & State				6. Election Campaign Financing			
23	28 Houston		TX		Trust Fund Contribution		d to Fees	
Zip	Country	Zip	Country		8. This corporation owes the current year in		(T.)	
24	25	29 77792 30	<u> </u>	<u>.</u> 2	Personal Property Tax.	☐ Yes	□No	
<del></del>	9. Name and Address of Current	Registered Agent	81	Nama	10. Name and Address of New Registered	Agent		
ľ	C T CODDODATION SYSTEM		61	Name				
C T CORPORATION SYSTEM			82	Street	Address (P.O. Box Number is Not Acceptable)			
1200 SOUTH PINE ISLAND ROAD			-	ļ. <u></u>				
	PLANTATION FL 33324		83	}				
			84	City	F	85 Zi	p Code	
44 Dues	uset to the provisions of Sections 607 0502	and 607 1508 Florida Statutes	the above	e-named (	corporation submits this statement for the purpose of	of changing	its registered	
office	e or registered agent, or both, in the State o	if Florida. Such change was auth	norized by	the corpo	oration's board of directors. I hereby accept the appointment of the particular in t	ointment as	registered	
ager	nt. I am familiar with, and accept the obligati	ons of, Section 607.0505, Florid	a Statutes	i.				
SIGNATI	JRE Signature, typed or printed name of registered agent	and title if applicable (NOTE: Re	enistered Anni	nt signature re	equired when reinstating) DATE			
12.	OFFICERS AND		13.	. organization	ADDITIONS/CHANGES TO OFFICERS A	ND DIREC	TORS IN 12	
TITLE	CP	DELETE	1.1 TITLE		P	Chang		
NAME	WILLOUGHBY, JOHN G		12 NAME					
STREET ADD			1.3 STREE	TADDRESS				
CITY-ST-ZIP			1.4 CITY-S	T-ZIP				
TITLE	C	X DELETE	2.1 TITLE	-,-	CD	☐ Chang	e 🔀 Addition	
NAME	WILLOUGHBY, DOUGLAS S		2.2 NAME		W. EARL PHILLIPS			
STREET ADD			2.3 STREE	TADDRESS	2010 MCALLISTER			
CITY-ST-ZIP			2.4 CITY-5		HOUSTON, TX 77092			
TITLE	D GERMANTOWN IN 30139	- DELETE	-3.1-TITLE		-11-0	Chang	e <b>X</b> Addition	
NAME	INMAN, LOUISE W		3,2 NAME		DANIEL A. TURNER			
STREET ADD			1	TADDRESS	2010 MCALLISTER ,			
CITY-ST-ZIP			3.4. CITY-5	· · ·	HOUSTON , TX 77092			
TITLE	D D	<b>⊠</b> DELETE	4.1 TITLE		D	☐ Chang	e 🔼 Addition	
NAME	WILLOUGHBY, J. STEVE		4.2 NAME		SAMES E, LEVICKI			
STREET ADD			1	TADDRESS	2010 MCALLISTER			
CITY-ST-ZE			4.4 CITY-S		HOUSTON TX 77092			
TITLE	ST ST	X DELETE	5.1 TITLE	·	cT b	Chang	e 🔀 Addition	
NAME	WILLOUGHBY, BETTY B	<b>¬</b>	5.2 NAME	ļ	MICHAEL B, PARSON	_	-	
STREET ADD			5.3 STREE	TADDRESS	2010 MCALLISTER			
į			5.4 CITY-S		HOUSTON TX 77092			
CITY-ST-ZIF		X DELETE	6.1 TITLE		•	Chang	e Addition	
	D NOWINDER POPERT D		6.2 NAME	ļ		_	_	
NAME	MCWHORTER, ROBERT D			TADDRESS				
STREET ADD	DRESS 921 VAN AVENUE #1021		J.J JINEL					

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, with all other like empowered.

6.4 CITY-ST-ZIP

ichael BParson MICHAEL B PARSON 1/13/99

NO TYPED OR PRINTED MAME OF SIGNING OFFICER OR DIRECTOR