

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 30, 2000 8:00 am
Secretary of State

03-30-2000 90072 050 ***150.00

DOCUMENT # F99000006681

1. Entity Name

EDWARDS SERVICE COMPANY, INC.

Principal Place of Business

Mailing Address

**42 ARLINGTON CREST
 2700 ARLINGTON AVENUE
 BIRMINGHAM AL 35205**

**42 ARLINGTON CREST
 2700 ARLINGTON AVENUE
 BIRMINGHAM AL 35205**

2. Principal Place of Business

1020 9th Avenue SW

3. Mailing Address

1020 9th Avenue SW

Suite, Apt. #, etc.

Suite 110

Suite, Apt. #, etc.

Suite 110

City & State

Bessemer, AL

City & State

Bessemer, AL

Zip

35022

Country

USA

Zip

35022

Country

USA

4. FEI Number

63-1238492

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2000 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTD	<input type="checkbox"/> Delete
NAME	GRAVLEE, DRUE D	
STREET ADDRESS	42 ARLINGTON CREST, 2700 ARLINGTON AVE.	
CITY-ST-ZIP	BIRMINGHAM AL 35205	
TITLE	VS	<input type="checkbox"/> Delete
NAME	GRAVLEE, MACON	
STREET ADDRESS	42 ARLINGTON CREST, 2700 ARLINGTON AVE.	
CITY-ST-ZIP	BIRMINGHAM AL 35205	
TITLE	V	<input type="checkbox"/> Delete
NAME	YERBY, LARRY J	
STREET ADDRESS	42 ARLINGTON CREST, 2700 ARLINGTON AVE.	
CITY-ST-ZIP	BIRMINGHAM AL 35205	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V^S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gravlee III, Macon	
STREET ADDRESS	#4 Carla Circle	
CITY-ST-ZIP	Birmingham, AL 35213	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Yerby, Larry Joe	
STREET ADDRESS	12572 Lakeland Estates	
CITY-ST-ZIP	Northport, AL 35475	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/2000

Date

205-481-2070

Daytime Phone #

CR2E034 (9/95)