

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

FILED  
Apr 30 1996 8:00 am  
Secretary of State

DOCUMENT # **G78721** (9)

1. Corporation Name

**EDGEWATER SERVICES, INC.**

Principal Place of Business

**5160 HIGHWAY 98 EAST  
DESTIN FL 32541**

Mailing Address

**5160 HIGHWAY 98 EAST  
DESTIN FL 32541**



3. Date Incorporated or Qualified

**01/13/1984**

3a. Date of Last Report

**05/11/1995**

2. Principal Place of Business

2a. Mailing Address

21 **10221 Emerald Coast Pkwy**

26 **10221 Emerald Coast Pkwy**

4. FEI Number

**59-2363631**

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**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **20**

27 **20**

City & State

City & State

**Destin FL**

**Destin FL**

Zip

Country

Zip

Country

**32541**

**USA**

**32541**

**USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BRASSEUR, MICHEL  
5160 HIGHWAY 98 EAST  
DESTIN FL 32541**

81 Name

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

**10221 Emerald Coast Pkwy**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE

☐ Change

☐ Addition

NAME **P  
ANCHORS, LARRY**  
STREET ADDRESS **4 ANCHORS LAKE RD NORTH**  
CITY-ST-ZIP **SANTA ROSA BCH FL**

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE ☐ DELETE

2.1 TITLE

☐ Change

☐ Addition

NAME **VTS  
BRASSEUR, MICHEL**  
STREET ADDRESS **4101 INDIAN TRAIL**  
CITY-ST-ZIP **DESTIN FL**

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE ☐ DELETE

3.1 TITLE

☐ Change

☐ Addition

NAME

3.2 NAME

STREET ADDRESS

3.3 STREET ADDRESS

CITY-ST-ZIP

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

4.1 TITLE

☐ Change

☐ Addition

NAME

4.2 NAME

STREET ADDRESS

4.3 STREET ADDRESS

CITY-ST-ZIP

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE

☐ Change

☐ Addition

NAME

5.2 NAME

STREET ADDRESS

5.3 STREET ADDRESS

CITY-ST-ZIP

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE

☐ Change

☐ Addition

NAME

6.2 NAME

STREET ADDRESS

6.3 STREET ADDRESS

CITY-ST-ZIP

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/22/96** **8046541113**  
Date Daytime Phone #

CR2E034 (12/95)