

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

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90232 046 ***150.00

DOCUMENT # G93949

1. Corporation Name

HARRY A. EDWARDS & ASSOCIATES, INC.

Principal Place of Business

6130 AZALEA RD
PENSACOLA FL 32504
US

Mailing Address

6130 AZALEA RD
~~6215 SCHWAB AVENUE~~
PENSACOLA FL 32504
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/30/1984

4. FEI Number

59-2461009

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 the current year Intangible

Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 29 30

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

EDWARDS, MARY CHLOE
~~6215 SCHWAB AVENUE~~
PENSACOLA FL 32504

10. Name and Address of New Registered Agent

81 Name

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

6130 AZALEA ROAD

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

Mary Chloe Edwards

(NOTE: Registered Agent signature required when reinstating)

DATE

March 6 1999

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME EDWARDS, MARY CHLOE
STREET ADDRESS 6130 AZALEA ROAD
CITY-ST-ZIP PENSACOLA FL

TITLE VD ☐ DELETE

NAME EDWARDS, HARRY
STREET ADDRESS 6130 AZALEA ROAD
CITY-ST-ZIP PENSACOLA FL

TITLE STD ☐ DELETE

NAME EDWARDS, NANCY KAROL
STREET ADDRESS 115 DEMOUY AVE.
CITY-ST-ZIP MOBILE AL

TITLE STD ☐ DELETE

NAME EDWARDS, PAMELA JILL
STREET ADDRESS 12030 MCINTOSH ROAD
CITY-ST-ZIP THONOTOSASSA FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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, with all other like empowered.

SIGNATURE:

Mary Chloe Edwards

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-6-99

Date

850-476-8620

Daytime Phone #

CR2E034 (11/98)

0531807