

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED

Jul 25 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **H71576**

(3)

1. Corporation Name

**EDGE PLASTERING, INC.**

Principal Place of Business

**1204 BOXWOOD DRIVE  
APOPKA FL 32703**

Mailing Address

**1204 BOXWOOD DR.  
APOPKA FL 32703  
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 <b>1707 Colleen Drive</b>	26 <b>1707 Colleen Drive</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 <b>Orlando, FL</b>	27 <b>Orlando, FL</b>
City & State	City & State
23 <b>32809 Orange</b>	28 <b>32809 Orange</b>
Zip	Zip
Country	Country
24	29
25	30

3. Date Incorporated or Qualified <b>09/01/1985</b>	3a. Date of Last Report <b>02/12/1997</b>
4. FEI Number <b>59-2562635</b>	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent	
<b>EDGE, WAYNE 1204 BOXWOOD DRIVE APOPKA FL 32703</b>	

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
<b>FL</b>	

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	
TITLE	<b>PST</b> <input type="checkbox"/> DELETE
NAME	<b>EDGE, WAYNE S.</b>
STREET ADDRESS	<b>1204 BOXWOOD DR.</b>
CITY-ST-ZIP	<b>APOPKA FL</b>
TITLE	<b>VP</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>RICHARDS, DONNA L</b>
STREET ADDRESS	<b>1707 COLLEEN DRIVE</b>
CITY-ST-ZIP	<b>ORLANDO FL 32809</b>
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	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Sec Richards, Donna L.</b>
2.3 STREET ADDRESS	<b>1707 Colleen Drive</b>
2.4 CITY-ST-ZIP	<b>Orlando, FL 32809</b>
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>V.P. Thomas E. Richards</b>
3.3 STREET ADDRESS	<b>1707 Colleen Drive</b>
3.4 CITY-ST-ZIP	<b>Orlando, FL 32809</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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: **Donna L. Richards**

**7/21/97 402-859-7070**

CR2E034 (4/97)