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

PROFIT * CORPORATION **ANNUAL REPORT** 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J31302

EDIXON ENGINEERING, INC.

(9)

FILED Apr 15 1997 8:00am Secretary of State



Principal Place of Business Mailing Address WILLIAM J. EDIXON 4148 B CORPORATE SO. NAPLES FL 33942 NAPLES FL 34104-4753								
					3. Date Incorporated or Qualified 08/22/1986	3a. Date of t 07/11/19		
2. Principal P	lace of Business	2a. Malling Address			4, FE≀ Number		Applied For	
1]		26			59-2734975	1	Not Applicab	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		.75 Additional ee Required		
City & State	· ·	City & State			5 Final Committee Financian			
3 City & State	e	28			Election Campaign Financing Trust Fund Contribution		5.00 May Be	
Zip	Country	Zip	Country		8. This corporation has liability for			
4	25	29	30			Yes 🔲 No		
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Re	gistered Agent		
4148	on, William J. • "B" Corporate Sq. Les Fl 33942		82 Str 83 84 Cit		ss (P.O. Box Number is Not Acceptat	85	Zip Code	
SIGNATURE	Signature, typed or printed name of registered ag		as authorized by the Florida Statutes. NOTE: Registered Agent sign		ration submits this statement for the p on's board of directors. I hereby acces distribution of directors of hereby acces distributions of the statement of the properties of	DATE		
TITLE	P	DELETE	1.1 TITLE	T	7,55711011070111111111111111111111111111	☐ Ch		
NAME Street adoress	EDIXON, WILLIAM J. 4148 "B" CORPORATE SQ. NAPLES FL		1.2 NAME 1.3 STREET ADDR	ESS				
CITY-SY-ZIP	RAPELO FL	DELETE	1.4 CITY - ST - ZIP 2.1 TITLE			☐ Ch	nange	
TITLE Name Street address	EDIXON, LISA 4148 "B" CORPORATE SQ. NAPLES FL	_ state	2.2 NAME 2.3 STREET ADDRI				ango	
CITY-ST-ZIP TITLE	WALLO LE	DELFTE	2 4 CITY - ST - ZIP 3.1 TITLE			☐ Ch	nange Additio	
NAME		L. DECTE	3.2 NAME					
STREET ADDRESS			3.3 STREET ADDR	ess				
CITY-ST-ZIP			3.4. CITY-S1-ZIP					
TITLE		DELETE	4.1 TITLE			☐ Ch	nange 🔲 Additio	
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREET ADDR	ess				
CITY-ST-ZIP			4.4 CITY- ST - 7IP					
TITLE		☐ DELETE	5.1 TITLE			☐ Ch	nange 🔲 Additio	
NAME			5.2 NAME			ž.		
STREET ADDRESS			5.3 STREET ADDRE	ESS				
CITY-ST-ZIP			5.4 CITY- ST - ZIP					
TITLE		☐ DELETE	6.1 TITLE			☐ Ch	nange 🔲 Additio	
NAME			8.2 NAME					
BYDEEV ADDRESS			CO CYCEEL ADDD	ee l				

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 eath; 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.