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

DOCUMENT # **K21142** **(0)**

1. Corporate Name

EDMUNDS ENTERPRISES, INC.

Principal Place of Business

942 WOODGATE DRIVE
PALM HARBOR FL 34685

Mailing Address

942 WOODGATE DRIVE
PALM HARBOR FL 34685

3. Date Incorporated or Qualified: **04/15/1988**

3a. Date of Last Report: **03/01/1995**

4. FEI Number: **59-2963000** ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business
21 Street Address
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26 Street Address
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

EDMUNDS, ELAINE E.
942 WOODGATE DRIVE
PALM HARBOR FL 34685

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
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 _____ (If not Registered Agent signature required below) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1 TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
1 NAME	EDMUNDS, DONALD C.		1.2 NAME	
1 STREET ADDRESS	942 WOODGATE DRIVE		1.3 STREET ADDRESS	
1 CITY-ST-ZIP	PALM HARBOR FL		1.4 CITY-ST-ZIP	
2 TITLE	VST	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
2 NAME	EDMUNDS, ELAINE E.		2.2 NAME	
2 STREET ADDRESS	942 WOODGATE DRIVE		2.3 STREET ADDRESS	
2 CITY-ST-ZIP	PALM HARBOR FL		2.4 CITY-ST-ZIP	
3 TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
3 NAME	EDMUNDS, ELAINE E.		3.2 NAME	
3 STREET ADDRESS	942 WOODGATE DRIVE		3.3 STREET ADDRESS	
3 CITY-ST-ZIP	PALM HARBOR FL		3.4 CITY-ST-ZIP	
4 TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
4 NAME			4.2 NAME	
4 STREET ADDRESS			4.3 STREET ADDRESS	
4 CITY-ST-ZIP			4.4 CITY-ST-ZIP	
5 TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
5 NAME			5.2 NAME	
5 STREET ADDRESS			5.3 STREET ADDRESS	
5 CITY-ST-ZIP			5.4 CITY-ST-ZIP	
6 TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
6 NAME			6.2 NAME	
6 STREET ADDRESS			6.3 STREET ADDRESS	
6 CITY-ST-ZIP			6.4 CITY-ST-ZIP	

14. I 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)(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 of changes, or on an attached sheet with an address.

SIGNATURE: Elaine E. Edmunds 1-18-96 813-785-8760
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)