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Feb 03 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # L12737 (7)

1. Corporation Name
MOONEY-EDWARDS ENTERPRISES, INC.

Principal Place of Business

% NICKY G EDWARDS
115 E ZARRAGOSSA ST
PENSACOLA FL 32501

Mailing Address

% NICKY G EDWARDS
115 E ZARRAGOSSA ST
PENSACOLA FL 32501-5962



2. Principal Place of Business

21 127 E. ZARRAGOSSA ST

22 Suite, Apt. #, etc.
104

23 City & State
Pensacola FL

24 Zip
32501

25 Country
USA

2a. Mailing Address

26 127 E. ZARRAGOSSA ST

27 Suite, Apt. #, etc.
104

28 City & State
Pensacola FL

29 Zip
32501

30 Country
USA

3. Date Incorporated or Qualified

08/25/1989

3a. Date of Last Report

06/18/1996

4. FEI Number

59-2737187

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

9. Name and Address of Current Registered Agent

EDWARDS, NICKY G.
115 E ZARRAGOSSA ST
PENSACOLA FL 32501

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

Signature typed or printed name of registered agent and fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME EDWARDS, NICKY G
STREET ADDRESS 10615 MACGREGOR
CITY- ST- ZIP PENSACOLA FL

☐ DELETE

TITLE D
NAME MOONEY, PATRICK A
STREET ADDRESS 1202 WATSON
CITY- ST- ZIP PENSACOLA FL

☐ DELETE

TITLE D
NAME LAVINE, EDWARD
STREET ADDRESS 234 WILMONT RD
CITY- ST- ZIP NEW ROCHELLE NY

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ DELETE

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 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: Patrick A Mooney Patrick A Mooney

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-28-97 904 433 43 45

Date Daytime Phone #

CR2E034 (9/96)