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FILED  
May 04 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # L18934

(4)

1. Corporation Name  
KEN EDWARDS, INC.

Principal Place of Business  
3215 W. CHEROKEE AVE.  
TAMPA FL 33611

Mailing Address  
3215 W. CHEROKEE AVE.  
TAMPA FL 33611

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/26/1989

4. FEI Number

59-2969536

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 or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

EDWARDS, KENNETH  
3215 W. CHEROKEE AVE  
TAMPA FL 33611

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE  
NAME EDWARDS, KENNETH  
STREET ADDRESS 3215 W. CHEROKEE AVE.  
CITY-ST-ZIP TAMPA FL

1.1 TITLE SECRETARY ☐ Change ☒ Addition  
1.2 NAME EDWARDS, M. MARSLA  
1.3 STREET ADDRESS 3215 W. CHEROKEE AVE.  
1.4 CITY-ST-ZIP TAMPA, FLORIDA 33611

TITLE SECRETARY ☐ DELETE  
NAME EDWARDS, M. MARSLA  
STREET ADDRESS 3215 W. CHEROKEE AVE.  
CITY-ST-ZIP TAMPA, FLORIDA 33611

2.1 TITLE TREASURER ☐ Change ☒ Addition  
2.2 NAME BENITEZ, PATRICIA  
2.3 STREET ADDRESS 3701 W. WYOMING AVE. APT 120  
2.4 CITY-ST-ZIP TAMPA, FLORIDA 33611

TITLE TREASURER ☐ DELETE  
NAME BENITEZ, PATRICIA  
STREET ADDRESS 3701 W. WYOMING AVE APT 120  
CITY-ST-ZIP TAMPA, FLORIDA 33611

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
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 on 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 supplementary 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 incorporator 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, on an attachment with an address.

SIGNATURE: [Signature] 22-98 (813) 837-3637

CR2E034 (10/97)