SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # L38519 (9)

1. Corporation Name

EDMONDSON FAMILY CORPORATION

Principal Place of Business
150 EAST BOCA RATON ROAD
BOCA RATON FL 33432

Mailing Address
150 EAST BOCA RATON ROAD
BOCA RATON FL 33432

3. Date Incorporated or Qualified: 12/27/1989
3a. Date of Last Report: 08/02/1995
4. FEI Number: 65-0161924 ☐ 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
21 701 E. Camino Real
Suite, Apt. #, etc
22 #12A
City & State
23 Boca Raton, Florida
Zip 24 33432 Country 25 USA

2a. Mailing Address
26 701 E. Camino Real
Suite, Apt. #, etc
27 #12A
City & State
28 Boca Raton, Florida
Zip 29 33432 Country 30 USA

9. **Name and Address of Current Registered Agent**

FREEMAN, DONALD J
1400 CENTREPARK BLVD
STE 909
WEST PALM BEACH FL 33401

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 ______ DATE ______

CR2E034 (3/96)

12. OFFICERS AND DIRECTORS

TITLE	VP	☐ DELETE
NAME	EDMONDSON, THOMAS E.	
STREET ADDRESS	750 S. OCEAN BLVD.	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	PST	☐ DELETE
NAME	EDMONSON, M. P.	
STREET ADDRESS	69 SCHILL AVENUE	
CITY-ST-ZIP	KENNER LA	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

		☒ Change ☐ Addition
1.1 TITLE		
1.2 NAME		
1.3 STREET ADDRESS	701 E. Camino Real #12A	
1.4 CITY-ST-ZIP	33432	
		☒ Change ☐ Addition
2.1 TITLE		
2.2 NAME	Edmondson, Jr., M.P.	
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP	70065	
		☐ Change ☐ Addition
3.1 TITLE		
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
		☐ Change ☐ Addition
4.1 TITLE		
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
		☐ Change ☐ Addition
5.1 TITLE		
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
		☐ Change ☐ Addition
6.1 TITLE		
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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)(k), 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: M. P. Edmondson Jr. 7-19-96 504 455 3371
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0090867 CP