

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

APPROVED AND FILED

95 APR 18 PM 7:46

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

CORPORATION ANNUAL REPORT 1995

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



DOCUMENT # M74299 (2)

1. Corporation Name
DG EDEN CORP.

Principal Place of Business
**12855 S. BELCHER RD.
UNIT 23
LARGO FL 34643**

Mailing Address
**12855 S. BELCHER RD.
UNIT 23
LARGO FL 34643**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business
21

2a. Mailing Address
26

Suite, Apt. #, etc.
22

City & State
23

Zip
24

Country
25

3. Date Incorporated or Qualified
03/29/1988

3a. Date of Last Report
04/19/1994

4. FEI Number
59-2884512

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**

6. This corporation has liability for intangible tax under §. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**GRISHAM, DUANE
UNIT 23
12855 SOUTH BELCHER ROAD
LARGO FL 34643**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

85 Zip Code

FL

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 _____

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS

PD

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**GRISHAM, DUANE
1020 PALM DR.
BELLEAIR BEACH FL**

SD

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**GRISHAM, DORIS W.
1020 PALM DR.
BELLEAIR BEACH FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE Change Addition

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE Change Addition

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE Change Addition

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE Change Addition

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE Change Addition

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE Change Addition

62 NAME

63 STREET ADDRESS

64 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 110.07(3)(4), 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: Doris W. Grisham DORIS W. GRISHAM 4-13-95 813-535-3016

SIGNATURE AND TYPED OR PRINTED NAME OF HOLDING OFFICER OR DIRECTOR Date District/Party #