FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 21 PM 11:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # N93000004126 (9)

1. Corporation Name

FLORIDA EDI , INC.

Principal Place of Business	Mailing Address
HIGHWAY 441 NORTH ALACHUA FL 32614-0666	~~P O BOX 140666~~ ~~GAINESVILLE FL 32614-0666~~ 7707 Bonneval Rd.

3. Date Incorporated or Qualified: 09/08/1993
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3203604 — Applied For
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26 7707 Bonneval Rd.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 335
City & State 23	City & State 28 Jacksonville FL
Zip 24 / Country 25	Zip 29 32216 / Country 30

9. Name and Address of Current Registered Agent

SMITH HULSEY & BUSEY
225 WATER STREET
SUITE 1800
JACKSONVILLE FL 32202

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	11 TITLE	CD ☒ Change ☐ Addition
NAME	BOOTH, BRIDGET	12 NAME	Tom Rankin
STREET ADDRESS	532 RIVERSIDE AVE / 9T	13 STREET ADDRESS	4400 Alafaya Trail
CITY-ST-ZIP	JACKSONVILLE FL	14 CITY-ST-ZIP	Orlando, FL 32826-2399
TITLE	VCD	21 TITLE	☐ Change ☐ Addition
NAME	NOEL, MARGO	22 NAME	
STREET ADDRESS	C/O SYNEGISTIC SYSTEM / 442 THIRD ST	23 STREET ADDRESS	
CITY-ST-ZIP	NEPTUNE BEACH FL	24 CITY-ST-ZIP	
TITLE	SD	31 TITLE	☒ Change ☐ Addition
NAME	RANKIN, THOMAS	32 NAME	
STREET ADDRESS	THE QUADRANGLE MC230	33 STREET ADDRESS	Delete
CITY-ST-ZIP	ORLANDO FL	34 CITY-ST-ZIP	
TITLE	TD	41 TITLE	TD ☒ Change ☐ Addition
NAME	WILLIAMS, MICHAEL	42 NAME	Jim Hollis
STREET ADDRESS	P.O. BOX 147116 N/A	43 STREET ADDRESS	7707 Bonneval Rd. Suite 335
CITY-ST-ZIP	GAINESVILLE FL	44 CITY-ST-ZIP	Jacksonville, FL 32216
TITLE	D	51 TITLE	☒ Change ☐ Addition
NAME	KOZIK, JOHN	52 NAME	
STREET ADDRESS	8381 DIX ELLIS TRAIL, SUITE 105	53 STREET ADDRESS	7707 Bonneval Rd, Suite 335
CITY-ST-ZIP	JACKSONVILLE FL	54 CITY-ST-ZIP	Jacksonville, FL 32216
TITLE	P	61 TITLE	D ☐ Change ☒ Addition
NAME		62 NAME	Tom Pate
STREET ADDRESS		63 STREET ADDRESS	1375 Buena Vista Drive, Team Disney 3 N
CITY-ST-ZIP		64 CITY-ST-ZIP	Lake Buena Vista, FL 32830 CH

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: James R Hollis 3/16/95 704-845-2771
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0029907