

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT

1996



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

DOCUMENT # **N93000004126 (9)**

1. Corporation Name

**FLORIDA EDI, INC.**

Principal Place of Business

**HIGHWAY 441 NORTH  
ALACHUA FL 32614-0686**

Mailing Address

**7707 BONNEVAL RD.  
#335  
JACKSONVILLE FL 32216-0666**



3. Date Incorporated or Qualified  
**09/08/1993**

3a. Date of Last Report  
**04/21/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

**59-3203604**

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

City & State

City & State

23

28

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 617.0502 and 617.1508, 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 617.0503, 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.

14. AND DIRECTORS IN 12

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**CD  
RANKIN, TOM  
4400 ALAFAYA TRAIL  
ORLANDO FL 32826-2399**

☒ DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

**Cd  
WICKENDEN, CHIP  
% Barnet Banks, Inc./50 N Laura St  
Jacksonville FL 32203**

☐ Change

☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**VCD  
NOEL, MARGO  
C/O SYNEGISTIC SYSTEM / 442 THIRD ST  
NEPTUNE BEACH FL**

☐ DELETE

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

**Vcd  
NOEL, MARGO  
710 North Third St.  
Jacksonville Beach FL 32250**

☒ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**TD  
HOLLIS, JIM  
7707 BONNEVAL RD. STE. 335  
JACKSONVILLE FL 32216**

☒ DELETE

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

**Td  
MERRY, M KATHRYN  
685 Greenwood Manor Cir  
Melbourne FL 32904**

☐ Change

☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**D  
KOZIK, JOHN  
7707 BONNEVAL RD. STE. 335  
JACKSONVILLE FL 32216**

☒ DELETE

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

**Sd  
WICINSKE, LAURA  
4701 W. Hillsborough Ave  
Tampa FL 33614**

☐ Change

☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**D  
PATE, TOM  
1375 BRENAVISTA DR. TEAM DISNEY 3 N  
LAKE BENA VISTA FL 32830**

☐ DELETE

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

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

☐ Change

☐ Addition

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:

*M. Kathryn Merry*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**M. KATHRYN MERRY**

4/10/96

Date

724-2698

Daytime Phone

CR2E037 (12/95)