

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.70

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY 30 AM 8:10

DOCUMENT # P92000004393 (4)

1. Corporation Name

E.D.T. PRODUCTS INC.

Principal Place of Business

1429 DON STREET
BLDG. E
NAPLES FL 33942
US

Mailing Address

1429 DON STREET
BLDG. E
NAPLES FL 33942
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/09/1992

3a. Date of Last Report

06/06/1994

4. FEI Number

65-0413221

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TORKELSON, EDWIN D
613 SQUIRE CIRCLE
#103
NAPLES FL 33942

Incorrect -
Should be
as of 1/5/95.
change was filed.

81. Name

Frank P. Murphy, Esquire

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

800 Laurel Oak Drive Ste. 103

83. City

Naples

FL

85

33942

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

Frank P. Murphy

5/16/95

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

Date

12. OFFICERS AND DIRECTORS

TITLE	P/D
NAME	TORKELSON, EDWIN D
STREET ADDRESS	613 SQUIRE CIRCLE, #103
CITY - ST - ZIP	NAPLES FL
TITLE	SECRETARY - DIRECTOR
NAME	SUSAN E. TORKELSON
STREET ADDRESS	1106 CLAM CT.
CITY - ST - ZIP	NAPLES, FL 33942
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	None	☐ Change ☐ Addition
1.2 NAME	None	
1.3 STREET ADDRESS	Naples, FL 33942	
1.4 CITY - ST - ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		☐ Change ☐ Addition
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:

President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/3/95

Date

813-643-5125

Telephone #