

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P93000009166 (8)

1. Corporation Name
THE EDGE, INC.

Principal Place of Business
P.O. BOX 290993
TAMPA FL 33687

Mailing Address
P.O. BOX 290993
TAMPA FL 33687

APPROVED
AND
FILED

MAY -1 PM 1:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		2a		02/05/1993	08/12/1994
22 Suite, Apt # etc		26 Suite, Apt # etc		4. FEI Number	Applied For
23 City & State		27 City & State		59-3141821	Not Applicable
24 Zip		28 Zip		5. Certificate of Status Desired	\$8.75 Additional Fee Required
25 Country		29 Country		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
26		30		6. 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

LUGO, ISRAEL
5621 E. ADAMO DR.
2-B
TAMPA FL 33619

81 Name	Same
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

Israel Lugo

(Signature of person named as registered agent and his or her address)

(Signature of Registered Agent (signature required when mandating))

(Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	YOUNKER, WILLIAM G	1.2 NAME	
STREET ADDRESS	P.O. BOX 290993 N/A	1.3 STREET ADDRESS	
CITY, ST, ZIP	TAMPA FL 33687	1.4 CITY, ST, ZIP	
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY, ST, ZIP		2.4 CITY, ST, ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY, ST, ZIP		3.4 CITY, ST, ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 119.02(6)(b), Florida Statutes. I further certify that the information included 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 or is changed or on an attachment with an address.

SIGNATURE:

Wm G. Younker

(Signature and typed or printed name of signing officer or director)

WM G. YOUNKER

11/30/95

220-5462