SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

POCUMENT # P93000010306 (7)

FILED Aug 11 1997 8:00am Secretary of State

EDWIN BARHAM INVESTMENTS, INC.						ė 110 18 13 11811 –	188 IL)14 64.	18 B) (6 10 5 4
Principal Place of Business Mailing Address						1441 00101 118 11 00 1	.00 11111 001	(B \$(1) (B))
4695 LAZY CF		POST OFFICE BOX						
WADMALAW SC 29487 CHARLESTON NC 29407					DO MOT MOIT	E BLTUO OD:		
00					DO NOT WRIT 3. Date Incorporated or Qualified			
					02/10/1993			eport
2. Principal F	Place of Business	2a. Mailing Addres	:e		4. FEI Number	00/01	/1996	atta d Fac
21	1000 01 200.11000	26	10		59-0996408			oplied For
Suite, Apt.	#, etc.	Suite, Apt. #, e	tc.		Certificate of Status Desired		\$8.75	ot Applicable Additional
22 City & Chat		27					Fee Re	<u> </u>
City & Stat	te	City & State			6. Election Campaign Financing		\$5.00	
Zip	Country	28		untry	Trust Fund Contribution	<u>L</u>	Added t	
24	25	29	30	oritry	8. This corporation owes or has p			angible ZNo
=4	9. Name and Address of Curre		[30]	T	Personal Property Tax due Juni 10. Name and Address of New Ri			2 NO
	RHAM, EDWIN G JR			81 Name		agrotorou Agr	<u> </u>	
	io NW 58TH STREET IMI FL 33166			82 Street	Address (P.O. Box Number is Not Accepta	ble)		
17111	IIII 1 L 00100			83				
				84 City			35 Zip (Code
11. Pursuant	to the provisions of Sections 607.05	502 and 607.1508, Florida	Statutes, the	above-named	corporation submits this statement for the	FL Surpose of ch	anging it	s registered
office or r agent. I a	regi ste red agent, or both, in the Stat im familiar with, and accept the obli	to of Florida. Such change igations of, Section 607.05	was authoriz 605, Florida St	ed by the corpatutes.	corporation submits this statement for the poration's board of directors. I hereby acce	pt the appoint	ment as	registered
SIGNATURE		-						
10	Signature, typed or printed name of registered at	ND DIRECTORS			required when reinstating)	DATE		
12.	PVST	DELE	13 TE 11	TITLE	ADDITIONS/CHANGES TO OFFI		Change	S IN 12
NAME	BARHAM, EDWIN G JR			NAME			Gnange	L. AOOILIOII
STREET ADDRESS	18 WAPPO CREEK PLACE			STREET ADDRESS	•			
CITY-ST-ZIP	CHARLESTON SC 29412							i
TITLE		DELE		DITY-ST-ZIP		$\overline{}$	Change	Addition
NAME				NAME			Ollange	L. Addition
STREET ADORESS				STREET ADDRESS				
CITY-ST-ZIP				CITY-ST-ZIP				
TITLE		☐ DELE				———П	Change	Addition
NAME				IAME				
STREET ADDRESS				STREET ADDRESS				
CITY-ST-ZIP			1	CITY-ST-ZIP				
TITLE		DELE					Change	Addition
NAME			4.2	NAME				
STREET ADDRESS			4.3 9	TREET ADDRESS				
CITY-ST-ZIP			4.4 (:ITY-ST-ZIP				
TITLE		DELE					Change	Addition
NAME			5.21	IAME				
STREET ADORESS			5.3 9	TREET ADDRESS				
CITY-ST-ZIP				HY-SI-ZIP				
TITLE		DELE	TE 611	ITLE			Change	Addition
NAME			6.2	IAME				
STREET ADDRESS			6.3 9	TREET ADDRESS				
CITY-ST-ZIP			6.4 (ITY-ST-ZIP				

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.