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FILED

Feb 13 1997 8:00am,  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P93000010498 (2)

1. Corporation Name:

EDGEWATER ENTERPRISES, INC.

Principal Place of Business

4400 HWY 20 E  
SUITE 405  
NICEVILLE FL 32578

Mailing Address

4400 HWY 20 E  
SUITE 405  
NICEVILLE FL 32578-8735



3. Date Incorporated or Qualified

02/11/1993

3a. Date of Last Report

02/05/1996

4. FEI Number

59-3167412

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be  
Added to Fees

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

2. Principal Place of Business

21 776 E John Sims Pkwy

Suite, Apt. #, etc.

22 City & State

23 Niceville FL

24 Zip

32578

Country

25 Okaloosa

2a. Mailing Address

26 776 E John Sims Pkwy

Suite, Apt. #, etc.

27 City & State

28 Niceville FL

29 Zip

32578

Country

30 Okaloosa

9. Name and Address of Current Registered Agent

WONSICK, KIMBERLEA A  
1005 D E JOHN SIMS PKWY  
NICEVILLE FL 32578

10. Name and Address of New Registered Agent

81 Name

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

1169 East John Sims Pkwy

84 City

Niceville

FL

85 Zip Code

32578

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME ROBERT L. SELF

STREET ADDRESS 4400 HWY 20 E

CITY - ST - ZIP NICEVILLE FL 32578

TITLE VP ☐ DELETE

NAME JUDY DIMNEY

STREET ADDRESS 776 E JOHN SIMS PKWY

CITY - ST - ZIP NICEVILLE FL 32578

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 4641 Gulf Starr Drive #101

1.4 CITY - ST - ZIP DASH FL 32541

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 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.

SIGNATURE: X

Robert L. Self

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 2/5/97

504-650-3334

Date Daytime Phone

CR2E034 (9/96)