## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998

NAME

STREET ADDRESS

City-St-7iP



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000017680 (8)

EDWARDS & ASSOCIATES INTERNATIONAL, INC.

Principal Place of Business Mailing Address 27037 COUTRY DAKS DR 27037 COUNTRY OAK DR **BROOKSVILLE FL 34602 BROOAKSVILLE FL 34602** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/05/1993 4. FEI Number 2a. Mailing Address 2. Principal Place of Business Applied For 59-3168424 26 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country Zip Zio Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 30 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Powards, Allen EDWARDS, ALLEN D 9214 CYPRESSWOOD CIR Street Address (P.O. Box Number is Not Acceptable) COUNTRY DAK **TAMPA FL 33647** 83 Zip Code BROOKSVILLE 34602 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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Change Addition DELETE TITLE 1.1 TITLE EDWARDS, ALLEN D NAME 1.2 NAME 9214 CYPRESSWOOD CIR. STREET ADDRESS 1.3 STREET ADDRESS 27037 COUNTRY CAL DR TAMPA FL CITY-ST-ZIP 1.4 CITY - ST - ZIP 60 Z DELETE Addition 2.1 TITLE TITLE **EDWARDS, LOUNETT** NAME 2.2 NAME 9214 CYPRESSWOOD CIR. 2.3 STREET ADDRESS 29017 COUNTRY ORE DR STREET ADDRESS **TAMPA FL** 2 4 CHY-S1-7P 34602 CITY - ST - ZIP Addition ☐ DELETE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST- ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREE1 ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change ☐ Addition TITLE 6.1 TITLE

14. I 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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

CR2E034 (10/97)

**FILED** 

Apr 24 1998 8:00am

Secretary of State