

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

FILED

Feb 12 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 # P93000036785 (2)

1. Corporation Name  
EDN, INC.



Principal Place of Business

7011 INTERNATIONAL DR  
ORLANDO FL 32819  
US

Mailing Address

7011 INTERNATIONAL DR  
ORLANDO FL 32818-8221  
US

3. Date Incorporated or Qualified  
05/20/1993

3a. Date of Last Report  
01/26/1996

2. Principal Place of Business

21 SAME

2a. Mailing Address

26 298 OHIO ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 Zip

32789

Country

ORANGE

27 City & State

28 Zip

32789

Country

ORANGE

4. FEI Number

59-3190099

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

NIELSON, GORDON A  
7011 INTERNATIONAL DRIVE  
ORLANDO FL 32819

10. Name and Address of New Registered Agent

81 Name NIELSEN, GORDON A.

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

298 OHIO ST.

83

84 City WINTER PARK

FL

85 Zip Code 32789

11. Pursuant to the provisions of Sections 607.0402 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered  
office or registered agent, as 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

Gordon A. Nielsen

GORDON A. NIELSEN

2/6/97

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	DST	<input type="checkbox"/> DELETE
NAME	NIELSON, GORDON A	
STREET ADDRESS	7011 INTERNATIONAL DRIVE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	NIELSEN, ALF R	
STREET ADDRESS	716 KELLY'S COVE	
CITY-ST-ZIP	OCFEE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	NIELSEN, ELMA D	
STREET ADDRESS	298 OHIO ST	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	DAST	<input type="checkbox"/> DELETE
NAME	NIELSEN, STEVE E	
STREET ADDRESS	734 LAUREL WAY	
CITY-ST-ZIP	CASSELBERRY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	NEILSEN, JANET M	
STREET ADDRESS	18104 SANDHILL RD	
CITY-ST-ZIP	WINTER GARDEN FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 or is attached to an attachment with an address.

SIGNATURE:

Gordon A. Nielsen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/97 407-644-8035

Date

Daytime Phone #

CR2E034 (9/96)