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**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

P93000061185 (3)

FILED
May 08 1997 8:00am
Secretary of State

DOCUMENT # P9300061185 (3) THE EDMONDS GROUP, INC.  Principal Place of Business Mailing Address 8320 ST AUGUSTINE RD STE 1 JACKSONVILLE F 32217 US						3. Date Incorporated or Qualified  3a. Date of Last Report			
2. Principal P	lace of Business	2a.	Mailing Address			08/27/1993 4. FEI Number	U4	/30/199	Applied For
1		26				59-3197771			Vot Applicable
Suite, Apt.	#, etc.	} <sub>1</sub>	Suite, Apt. #, etc.			5. Certificate of Status Desired	IZ/		Additional Regulred
City & State	<u> </u>	27	City & State			6. Election Campaign Financing			May Be
3		28	, ,			Trust Fund Contribution			to Fees
Zφ	Country		Zip	Countr	ry	8. This corporation has liability for	r interigible	tax under	s. 199.032,
4	26	29		30		Florida Statutes  10. Name and Address of New R	Yes [		
En	<ol> <li>Name and Address of Curr</li> <li>MONDS, JAMES I III</li> </ol>	ent negisi	eren Agent	81	1 Name	IV. Maile die Wooless of Mak U	ogisterou /	Agoni	, <u>,</u>
12	954 MANDARIN RD. CKSONVILLE FL 32223			82		ress (P.O. Box Number is Not Accepta	able)		
				84	4 City		FL	85 Zij	Code
11. Pursuant office or ragent if a	m famhar with, and accept the obl	ligations of,	, Section 607.0505, F	florida Statute	es. 	poration submits this statement for the stion's board of directors. I hereby acception		changing ointment a	its registered is registered
agent La SIGNATURE 112. TILE NAME	in familiar with, and accept the ob- segment system purisd name or registred.  OFFICERS A  P EDMONDS, JAMES 1	ligations of,	, Section 607.0505, F	TE: Registered A:  13.  1.1 TITLE  1.2 NAME	es. gent signature regul	poration submits this statement for the ation's board of directors. I hereby accelulation of the directors of the statement for the ation's hour formation of the statement of t	DATE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	DRS IN 12
agent La SIGNATURE 12. THE MANE SIRELADDRESS	m familiar with, and accept the ob-	ligations of,	, Section 607.0505, F Facility (NC TORS	TE: Registered A:  13.  1.1 TITLE  1.2 NAME	gent signature regul	dred when reinslating)	DATE	DIRECTO	DRS IN 12
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