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

26

PROFIT CORPORATION ANNUAL REPORT

1998

DOCUMENT #

24

EDGEWOOD, INC.



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

P93000070515 (0)

FILED Mar 19 1998 8:00am Secretary of State

Principal Place of Business	Mailing Address	DO NOT WRITE IN THIS SPACE			
1834 HERMITAGE BLVD. SUITE 201 TALLAHASSEE FL 32308	1834 HERMITAGE BLVD. Suite 201 Tallahassee Fl 32308				
		3. Date Incorporated or Qualified 10/11/1993			
2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For		

Suite, Apt. #, etc Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 28 Trust Fund Contribution Added to Fees Country Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes Yes 29 25 30 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MOTTICE, H. JAY 2111 N MONROE STREET SUITE 200

TAHLAHARREE EL 22303

82	Street Address (P.O. Box Number is Not Acceptable)	
83	Ste 201	
84	City	85 Zip Code

59-3218493

INCLUINOUGH E OBOUS		546	2401		
			llahasser	FL 85 322	308
11. Pursuant office or ragent. La	to the provisions of Sections 607.0502 and 647.1508, Florida Statutes, ogistered alient, or both, in the State of Florida, Such change was author familiar with and accept the highest state. Section 607,0505, Florid	the above-named lorized by the cor a Statutes.	d corporation submits this statement for the pur rporation's board of directors. I hereby accept	the appointment as	s registered registered
SIGNATURE	X/F. Suy //UVIUN		re required when reinstating)	3/12/98	
12.	Signature, typed of finite Bayen of registered agent and title if applicable (NOTE: But OFFICE BS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE		9 IN 12
TITLE	-D- DELETE	11 TITLE	P5	Change	Addition
NAME	MOTTICE, H. JAY	1.2 NAME			
STREET ADDRESS	2111 N MONROE STREET.	1.3 STREET ADDRESS	1834 Hermitace Blvd.	Stezol	
CITY-ST-ZIP	TALLANASSEE FL 32303 .	1.4 CITY - ST - ZIP	1834 Hermitage Blvd., Tallahasser Fi 5251	58	
TITLE	V DELETE	2.1 TITLE		Change	Addition
NAME	MOTTICE, JOHN P	2.2 NAME			
STREET ADDRESS	2111 N. MONROE ST., APT-2 03	23 STREET ADDRESS	1934 Hermitage Blue	1., Ste 201	
CITY-ST-ZIP	T allahas see Fl	2 4 CITY-ST-ZIP	1934 Hermitage Blue Tallahorsee FL 32	308	
TITLE	DELETE	3.1 TITLE		Change	Addition
NAME		3.2 NAME			
STREET ADDRESS		3.3 STREET ADDRESS			
CITY-ST-ZIP		3.4. CITY+ST-ZIP			
TITLE	☐ DELETE	4.1 TITLE		Change	Addition
NAME		4. 2 NAME			
STREET ADDRESS		43 STREET ADDRESS			
CITY-S1-ZIP		4.4 CITY - ST - ZIP			
TITLE	☐ DELETE	5.1 TITLE		Change	Addition
NAME		5.2 NAME			
STREET ADDRESS		5.3 STREET ADDRESS			
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<u> </u>		
TITLE	DELETE	61 TITLE		Change	☐ Addition
NAME		6.2 NAME			
STREET ADDRESS		6.3 STREET ADDRESS			
CITY CT. 7ID		מול 10. עדום גם			

14. Thereby 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 armual 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 13 if chapter 50 or an artiforment with an address.

H. May Mottice

8503862117

Not Applicable