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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000072645 (3)

EDWARD'S TRANSPORTATION, INC.

Principal Place of Business Mailing Address

FILED Mar 24 1998 8:00am Secretary of State



X

1615 AIRPO JACKSONVI	ORT RD ILLE FL 32218	1615 AIRPORT RD JACKSONVILLE FL 32:	218		DO NOT WRITE 3. Date Incorporated or Qualified	E IN THIS S	PACE		
					10/18/1993				
	Place of Business	2a. Mailing Address			4. FEI Number Applied F 59-322 1000 Not Appli				
Suite, Apt #, etc.		Suite, Apt. #, etc.			60.75 A 4.00				
22		27			5. Certificate of Status Desired		Fee Required		
City & State		City & State			Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees		
Zip 24	Country 25	Zip 29	Count 30	ry 	This corporation owes or has p Personal Property Tax due June	9 30. 🗀] Yes	Intangible	•
	9, Name and Address of Current	nt Registered Agent		1 Name	10. Name and Address of New R	egistered A	gent		
	OBB, H. EDWARD JR 615 AIRPORT RD		Ľ						
	ACKSONVILLE FL 32218				Address (P.O. Box Number is Not Acceptable)				
			8	3					
			8	4 City		FL	85 Z	ip Code	
11. Pursuant office or agent. I a	am familiar with, and accept the oblig	02 and 607.1508, Florida State of Florida. Such change was pations of, Section 607.0505,	utes, the abo s authorized l Florida Statut	ve-named co by the corpor es.	rporation submits this statement for the ation's board of directors. I hereby acce	purpose of pt the appo	changin intment	g its regist as registe	tered red
	Signature, typed or printed name of registered ap			gent signature req	ulred when reinstating)	DATE			
12.	OFFICERS AN	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFI				
TITLE	COBB. EDWARD H JR	☐ DELETE	1.1 TITLE				Chan	ge ∐ Ad	aanon
NAME STREET ADDRESS	DT 4 DAY 604 N/A		1.2 NAM	ET ADDRESS					
CITY-ST-ZIP	CALLAHAN FL 32218		1.4 CITY						
TITLE		☐ DELETE	2.1 TITLE				Chang	ge 🔲 Ad	ddition
NAME			2.2 NAM			,			
STREET ADDRESS			2.3 STRE	ET ADDRESS	-9	ħ.			
CITY-ST-ZIP			2. 4 CITY	-ST-ZIP					
TITLE		☐ DELETE	3.1 TITLE				Chang	e A	ddition
NAME			3.2 NAM	£					
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CITY-ST-ZIP TITLE	 	DELETE	4.4 CITY 5.1 TITLE				Chang	30 A/	ddition
NAME		_ 500010	5.2 NAM	1		'		, <u>,</u> ,	23.001
STREET ADDRESS				ET ADDRESS					
CITY-ST-ZIP			5.4 CITY						
TITLE		DELETE	6.1 TITLE				Chang	e Ac	dditi .
NAME			6.2 NAMI	1					8,,
STREET ADDRESS				ET ADDRESS					, ₂ '1
CITY-ST-7IP			6.4 CITY						100

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 are 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 Block 12 or Block 13 if chapter 607, or an attachment with properties.