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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Apr 25, 1999 8:00 am Secretary of State

04-25-1999 90016 001 *8,255.00

DOCUMENT # P93000085632

1. Corporation Name

GROUP EDISTO, INC.

Principal Place	e of Business	Mailing Address				
450 CHALLENGER ROAD 450 CHALLENGER ROAD						
CAPE CANAVERAL FL 32920		CAPE CANAVERAL FL 32520		DO NOT WRITE IN THIS SPACE		
US		US		3. Date Incorporated or Qualifed		
				12/10/1993		
2 Principal DI	ace of Business	2a. Mailing Address	<u> </u>	4. FEI Nu nber	Apr	lied For
	ace of positions	26		50-32 1339 6 59-3213612	<u></u>	Applicable
Suite, Art.:	# otc	Suite, Apt. #, etc.		• /	\$8.75 A	
	#, etc.	27		5. Certificate of Status Desired	Fee Red	
City & State		City & State		6. Electior Campaign Financing	\$5.00	vav Be
23		28		Trust Fund Contribution	Added to	•
Zip	Country	Zip	Country	8. This co poration owes the current year In	itangible	
24	25	29 3	o	Personal Property Tax.		[]No
	9. Name and Address of Curre			10. Name and Address of New Registerer	Agent	
81 Nave				ichaelAtartman		
POPP, GREGORY A ESQ			82 Stree As	tirges (P.O. Box flumber is Not Acceptable)	bI	
45) CHALLENGER ROAD			45	ou charrenger	No	
CAPI	E CANAVERAL FL 32920		83	\bigcup		
			84 CKV		85 Zip C	cde -
				ipe <u>canaverali fi</u>	- 🗆 32	4720
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Statutes	, the above-named co	proporation submits this statement for the purpose carion's board of directors. I hereby accept the appo	f changing its rec	∉gistered istered
office of re	egistered agent, or both, in the State m familiar with, and accept the oblig	rticns of, Section 607.0505, Florid	a Statutes.	anon's board of directors. Thereby decept the app.		
SIGNATURIE	MAIA. M				_	
JONATORI.	Signature, typed or printed nan e of registered age	ent and title if applicable (NOTE R	egistered Agent signature req			
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A		
TITLE	DP	☐ DELETE	1.1 TITLE		Change	☐ Addition
NAME	HARDING, NEAL		1.2 NAME			
STREET ADDRESS	450 CHALLENGER ROAD		13 STREET ADDRESS			
CITY-ST-ZIP	CAPE CANAVERAL FL		1.4 CITY-ST-ZIP			
TITLE	V	☐ DELETE	2.1 TITLE		Change	Addition
NAME	HARTMAN, MICHAEL		2.2 NAME			
STREET ADDRESS	450 CHALLENGER ROAD		2.3 STREET ADDRESS			
CITY-ST-ZIP	CAPE CANAVERAL FL 32920		2.4 CITY-ST-ZIP			
TITLE	DV	⊠ DELETE	3 1 TITLE		☐ Change	Addition
NAME	MCPHILLIP, MICHAEL		32 NAME			
STREET ADDRES 3	450 CHALLANGER RD		3.3 STREET ADDRESS	•		
CITY-ST-ZIP	CAPE CANAVERAL FL 32920		34 CITY-ST-ZIP			
TITLE	DVST	₩ DELETE	4.1 TITLE		Change	☐ Addition
NAME	MCPHILLIPS, JACQUALINE		4, 2 NAME			
STREET ADDRES	450 CHALLANGER RD		4.3 STREET ADDRESS			

64 CITY-ST-ZIP 14. I hereby certify that the informatic n supplied with his filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further ce tify that the information indicates 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 attachn ent with an address, with all other like empowered.

4 4 CITY-ST-ZIP

5 4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.1 TITLE

5 2 NAME

61 TITLE

6.2 NAME

™ DELETE

DELETE

CITY-ST-ZIP

STREET ADDRES:

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

CAPE CANAVERAL FL 32920

COLUARD, ALISON KERR-HU

CAPE CANAVERAL FL 32920

450 CHALLANGER RD

NE OF SIGNING OFFICER OR DIRECTOR

☐ Change

Change

CR2E034 (11/98)

Addition

Addition