

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**APPROVED  
AND  
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95 MAY -1 PM 9:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Murrain  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P94000025159 (2)**

1. Corporation Name  
**EDGE COMPANIES, INC.**

Principal Place of Business      Mailing Address

**8826 GOODBY'S EXECUTIVE DR.  
JACKSONVILLE FL 32217**      **8826 GOODBY'S EXECUTIVE DR.  
JACKSONVILLE FL 32217**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified      3a. Date of Last Report  
**04/01/1994**

4. FEI Number      Applied For  
**59-3250038**      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

2. Principal Place of Business      2a. Mailing Address

21 **2301 PARK AVE.**      26 **2301 PARK AVE.**

Suite, Apt. #, etc      Suite, Apt. #, etc

22 **SUITE 209**      27 **SUITE 209**

City & State      City & State

23 **ORANGE PARK, FLA.**      28 **ORANGE PARK, FL**

Zip      Country      Zip      Country

24 **32073**      25      29 **32073**      30

9. Name and Address of Current Registered Agent

**ESPOSITO, J. MICHAEL  
8826 GOODBY'S EXECUTIVE DR.  
JACKSONVILLE FL 32217**

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)  
**2301 PARK AVE**

B3 **SUITE 209**

B4 City      FL      B5 Zip Code  
**ORANGE PARK      FL      32073**

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent as shown 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 607.0506, Florida Statutes.

SIGNATURE: *[Signature]*      DATE: **4-28-95**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ESPOSITO, J. MICHAEL	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	8826 GOODBY'S EXECUTIVE DR.	2. NAME	
STREET ADDRESS	JACKSONVILLE FL 32217	3. STREET ADDRESS	
CITY, ST. ZP.		4. CITY, ST. ZP.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		5. NAME	
NAME		6. STREET ADDRESS	
STREET ADDRESS		7. CITY, ST. ZP.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY, ST. ZP.		8. TITLE	
TITLE		9. NAME	
NAME		10. STREET ADDRESS	
STREET ADDRESS		11. CITY, ST. ZP.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY, ST. ZP.		12. TITLE	
TITLE		13. NAME	
NAME		14. STREET ADDRESS	
STREET ADDRESS		15. CITY, ST. ZP.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY, ST. ZP.		16. TITLE	
TITLE		17. NAME	
NAME		18. STREET ADDRESS	
STREET ADDRESS		19. CITY, ST. ZP.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY, ST. ZP.		20. TITLE	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(2)(b), 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 this corporation or the receiver or liquidator empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or in an attached list of an address.

SIGNATURE: *[Signature]*      DATE: **4-28-95**      **904 269 9217**

SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR