

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

7. 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 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 | |
| TITLE | | 21. NAME | |
| NAME | | 22. STREET ADDRESS | |
| STREET ADDRESS | | 23. CITY, ST. ZP. | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| CITY, ST. ZP. | | 24. TITLE | |
| TITLE | | 25. NAME | |
| NAME | | 26. STREET ADDRESS | |
| STREET ADDRESS | | 27. CITY, ST. ZP. | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| CITY, ST. ZP. | | 28. TITLE | |
| TITLE | | 29. NAME | |
| NAME | | 30. STREET ADDRESS | |
| STREET ADDRESS | | 31. CITY, ST. ZP. | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| CITY, ST. ZP. | | 32. TITLE | |
| TITLE | | 33. NAME | |
| NAME | | 34. STREET ADDRESS | |
| STREET ADDRESS | | 35. CITY, ST. ZP. | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| CITY, ST. ZP. | | 36. TITLE | |
| TITLE | | 37. NAME | |
| NAME | | 38. STREET ADDRESS | |
| STREET ADDRESS | | 39. CITY, ST. ZP. | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| CITY, ST. ZP. | | 40. 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. 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