

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

**FILED**

**Feb 12 1997 8:00am**  
**Secretary of State**

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1997**



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

**DOCUMENT # P94000060426 (1)**

1. Corporation Name  
**EDON, INC.**



Principal Place of Business

**4864 DAVIS BLVD  
NAPLES FL 33962**

Mailing Address

**4864 DAVIS BLVD  
NAPLES FL 34104-5338**

2. Principal Place of Business

21 **4864 DAVIS BLVD**

2a. Mailing Address

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

23 City & State

**NAPLES FL.**

27 City & State

**NAPLES FL.**

24 Zip

**34104**

25 Country

**CONNER**

29 Zip

**34104**

30 Country

3. Date Incorporated or Qualified

**08/12/1994**

3a. Date of Last Report

**05/01/1996**

4. FEI Number

**65-0613131**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

8. Name and Address of Current Registered Agent

**LYNCH, EDWIN M  
1716 KINGS LAKE BLVD  
NAPLES FL 33962**

**34104**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE  
NAME **LYNCH, EDWIN**  
STREET ADDRESS **1716 KINGS LAKE BLVD**  
CITY-ST-ZIP **NAPLES FL 33962 34104**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **SENIOR VP** ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE **SENIOR VICE PRES.** ☐ Change ☒ Addition  
2.2 NAME **LYNCH, BARBARA**  
2.3 STREET ADDRESS **1716 KINGS LAKE BLVD**  
2.4 CITY-ST-ZIP **NAPLES, FL. 34104**

3.1 TITLE **VICE PRESIDENT** ☐ Change ☒ Addition  
3.2 NAME **NESE, PATRICIA**  
3.3 STREET ADDRESS **731 98TH ST. N.**  
3.4 CITY-ST-ZIP **NAPLES, FL. 34108**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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 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 attachment with an address.

SIGNATURE:

**Edwin M. Lynch**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**EDWIN M. LYNCH 2-7-97 941 793 8944**  
Date Daytime Phone #

CR2E034 (9/96)