

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000065078 (5)

1. Corporation Name

EDCO FINANCIAL SERVICES, INC.

Principal Place of Business

623 N. MAIN ST.
JACKSONVILLE FL 32202

Mailing Address

623 N. MAIN ST.
JACKSONVILLE FL 32202



3. Date Incorporated or Qualified

09/02/1994

3a. Date of Last Report

04/14/1995

4. FEI Number

59-3282020

Applied For

APPLIED FOR

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

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BRANT MOORE SAPP MACDONALD & WELLS, P.A.
50 NORTH LAURA ST.
SUITE 3100
JACKSONVILLE FL 32202

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

D

DELETE

NAME

CASON, CONSTANCE N

STREET ADDRESS

623 N. MAIN ST.

CITY-ST-ZIP

JACKSONVILLE FL 32202

TITLE

D

DELETE

NAME

COARSEY, MARSHA M

STREET ADDRESS

623 N. MAIN ST.

CITY-ST-ZIP

JACKSONVILLE FL 32202

TITLE

D

DELETE

NAME

BREWINGTON, HORTENSE J

STREET ADDRESS

613 N. MAIN ST.

CITY-ST-ZIP

JACKSONVILLE FL 32202

TITLE

D

DELETE

NAME

WINESETT, HOWARD D

STREET ADDRESS

613 N. MAIN ST.

CITY-ST-ZIP

JACKSONVILLE FL 32202

TITLE

D

DELETE

NAME

WALLACE, JOHN W

STREET ADDRESS

613 N. MAIN ST.

CITY-ST-ZIP

JACKSONVILLE FL 32202

TITLE

D

DELETE

NAME

D

STREET ADDRESS

D

CITY-ST-ZIP

D

1.1 TITLE

D

Change

Addition

1.2 NAME

Gary Fane

1.3 STREET ADDRESS

623 N Main St

1.4 CITY-ST-ZIP

Jacksonville, FL 32202

2.1 TITLE

P

Change

Addition

2.2 NAME

John Hirabayashi

2.3 STREET ADDRESS

623 N Main St

2.4 CITY-ST-ZIP

Jacksonville, FL 32202

3.1 TITLE

VP

Change

Addition

3.2 NAME

Linda Murrow

3.3 STREET ADDRESS

623 N Main St

3.4 CITY-ST-ZIP

Jacksonville, FL 32202

4.1 TITLE

S

Change

Addition

4.2 NAME

Linda Smith

4.3 STREET ADDRESS

623 N Main St

4.4 CITY-ST-ZIP

Jacksonville, FL 32202

5.1 TITLE

T

Change

Addition

5.2 NAME

D Samuel Inman

5.3 STREET ADDRESS

623 N Main St

5.4 CITY-ST-ZIP

Jacksonville, FL 32202

6.1 TITLE

D

Change

Addition

6.2 NAME

D

6.3 STREET ADDRESS

D

6.4 CITY-ST-ZIP

D

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(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)