

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

FILED
Jan 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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
---------------------------------------------------------------------------------	---------------------------------------------------------------------

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/02/1994	
21		26	PO Box 2600	4. FEI Number 59-3282020	Applied For Not Applicable
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23 City & State		28 City & State Jax., FL		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Zip		25 Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
29 32232		30			

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

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 <input checked="" type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASON, CONSTANCE N	1.2 NAME	Sandra McCracken
STREET ADDRESS	623 N. MAIN ST.	1.3 STREET ADDRESS	623 N. Main Street
CITY-ST-ZIP	JACKSONVILLE FL 32202	1.4 CITY-ST-ZIP	Jacksonville, FL 32202
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COARSEY, MARSHA M	2.2 NAME	
STREET ADDRESS	623 N. MAIN ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32202	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FANE, GARY	3.2 NAME	
STREET ADDRESS	623 N MAIN ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WINESETT, HOWARD D	4.2 NAME	
STREET ADDRESS	613 N. MAIN ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32202	4.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HIRABAYASHI, JOHN	5.2 NAME	
STREET ADDRESS	623 N MAIN ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	5.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURROW, LINDA	6.2 NAME	
STREET ADDRESS	623 N MAIN ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	6.4 CITY-ST-ZIP	

14. I 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 *John D. Hirabayashi* John D. Hirabayashi 1/14/98 (904) 354-8537

CR2E034 (10/97)