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Feb 08, 1999 8:00am

Secretary of State

02-08-1999 90064 019 ****158.75

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000065078

1. Corporation Name

EDCO FINANCIAL SERVICES, INC.

Principal Place of Business

623 N. MAIN ST.
JACKSONVILLE FL 32202

Mailing Address

PO BOX 2600
JACKSONVILLE FL 32232
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/02/1994

4. FEI Number

59-3282020

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 owes the current year Intangible
Personal Property Tax.

Yes No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

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
NAME MCCracken, Sandra
STREET ADDRESS 623 N. MAIN ST.
CITY-ST-ZIP JACKSONVILLE FL 32202

DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

Change Addition

TITLE D
NAME COARSEY, MARSHA M
STREET ADDRESS 623 N. MAIN ST.
CITY-ST-ZIP JACKSONVILLE FL 32202

DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

Change Addition

TITLE D
NAME FANE, GARY
STREET ADDRESS 623 N MAIN ST
CITY-ST-ZIP JACKSONVILLE FL

DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Change Addition

TITLE D
NAME WINESETT, HOWARD D
STREET ADDRESS 613 N. MAIN ST.
CITY-ST-ZIP JACKSONVILLE FL 32202

DELETE

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

Change Addition

TITLE P
NAME HIRABAYASHI, JOHN
STREET ADDRESS 623 N MAIN ST
CITY-ST-ZIP JACKSONVILLE FL

DELETE

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

Change Addition

TITLE VP
NAME MURROW, LINDA
STREET ADDRESS 623 N MAIN ST
CITY-ST-ZIP JACKSONVILLE FL

DELETE

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

Change Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Date

Daytime Phone #

1/19/99

354-8537

CR2E034 (11/98)