FILE NOW: FILING FEE AFTER MAY 1 IS \$55

PROFIT **CORPORATION ANNUAL REPORT**



ELORIDA DEPARTMEN Sandra B. Mor

F STATE Secretary of S

FILED Apr 29 1997 8:00am Secretary of State

	1997	100	DIVISION OF CO	RPC	ONS	Beeren	my O.	LO	iaic
•	MENT # P94000 S EDWARDS, INC.	0694	94 (0)						
Principal Place of Business Mailing Address						<u> </u>			
5242 CENTRALAVENUE ST. PETERSBURG FL 33707		5242 CENTRALAVENUE ST. PETERSBURG FL 33707							
						3. Date Incorporated or Qualified 09/19/1994	3a. Date of 07/30/19		eport
	Place of Business	⊢	illing Address			4. FEI Number			olied For
Suite, Apt.	. #. etc.	26 Sui	te, Apt. #, etc.		•	59-3271070			Applicable
22 City & Star		27	y & State			5. Certificate of Status Desired		Fee Red	
23		28	y Br O.a.(c	ŀ		Election Campaign Financing Trust Fund Contribution		5.00	
Zip	Country	Zip	·	Constry	,,	8. This corporation has liability for i		Added to	
24	25	29	30				Yes No		185.002
	9. Name and Address of Curre	nt Registere	d Agent		1	10. Name and Address of New Re	jistered Agen	1	
	TON, JOSEPH E			81	Name				
116 TREASURE ISLAND CAUSEWAY TREASURE ISLAND FL 33706				82	Street Add	dress (P.O. Box Number is Not Acceptable)			
INE	NOORE IOLAND PL 33700			83					
				<u> </u>					
				84	City		FL 85	Zip C	ode
11. Pursuapt	to the provisions of Sections 607.050	02 and 607.1	508. Florida Statutes,	the above	e-named cor	rporation submits this statement for the pation's board of directors. Thereby accep	urpose of char	t ging its	registered
agent. I a	registered agent, or both, in the State am fain har with, and accept the oblig	e of Florida. S patid _t is of, Set	such change was aut otion 607. (505, Florid	horized by la Stalute:	y the corpora s.	ation's board of directors. Thereby accep	I the appointm	ent as r	egistered
SIGNATURE	harles 120	Lete	Cerrle						
12.	Signature, typed or printed name of registeres ag OFFICERS AN	ent and little if app		gistered Age	nt signature requ	uired wher reinstating)	DAIL		5.15.1.16
TITLE	PD	D DINE GIOT	DELETE	13. 11 HTLF		ADDITIONS/CHANGES TO OFFIC		hange	Addition
NAME	JOHNSON, BRUCE R			12 NAME			<u>-1</u> 0	Rango	L Madeston
STREET ADDRESS	1934 SERPENTINE CIRCLE, SC	HTUC		1.3 STREET	ADDRESS				
CITY-ST-ZIP	ST. PETERSBURG FL 33712			14 CHY+S	1 - ZIP				
TITLE	VSTD		DELFTE	2 1 7!TLE			□ C	hange	Addition
NAME	BERTEUNK, CHARLES E			22 NAME					
STREET ADDRESS	6289 - 1ST AVENUE, NORTH			23 STREET	ADDRESS				
CITY-ST-ZIP	ST. PETERSBURG FL 33710		DELETE	2 4 City - !	ST - ZIP		, , , , , , , , , , , , , , , , , , ,		
TITLE NAME			∟ pertit	3.1 TITLE			□ c	aange	Addition
STREET ADDRESS				3.2 NAME 3.3 STREET	Annaree				
CITY-ST-ZIP				3.4. CITY - S					
TITLE			DELETE	4.1 101.E	31.54		C	hange	Addilion
NAME				4.2 NAME				-	
STREET ADDRESS				4.3 STREET	ADDRESS				
CITY-ST-ZIP				4.4 CITY - S	T - 7:P				
TITLE			DELETÉ	5 1 Tillet			C	nange	Addition
NAME				5.2 NAME					
STREET ADDRESS				5 3 STREET					
CITY-ST-ZIP TITLE			DELETE	54 CITY-S 61 TIME	1- ZIP			nanze	Addition
NAME			hand south 14.	62 NAME				шиус	☐ V30((i0))
STREET ADDRESS				63 STRFE1	ADDRESS				
				SSOME					

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, Fiorida Statutes; and that my name appears in Block 12 of Block 13 of changed, or on an attachnism with an address.