

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000050116 (9)

1. Corporation Name

R. J. EDMONDS AND ASSOCIATES, INC.



Principal Place of Business

700 WAVECREST AVENUE
SUITE 302
INDIALANTIC FL 32903

Mailing Address

700 WAVECREST AVENUE
SUITE 302
INDIALANTIC FL 32903

2. Principal Place of Business

2a. Mailing Address

21

26

3. Date Incorporated or Qualified

06/27/1995

3a. Date of Last Report

4. FEI Number

59 3327430

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

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

MITCHELL, BRUCE A ESQ.
1825 S. RIVERVIEW DRIVE
MELBOURNE FL

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 607.1506, 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 of Registered Agent (if different from above)

Print Name of Registered Agent (if different from above)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME
EDMONDS, ROBERT J
STREET ADDRESS
700 WAVECREST AVENUE, SUITE 302
CITY-STATE-ZIP
INDIALANTIC FL 32903

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
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CITY-STATE-ZIP

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TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ Change ☐ Addition

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 in 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 as changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Typed Name

4/4/96 4077242330

CR2E034 (12/95)