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FILED
May 08 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 # P95000054212 (2)

1. Corporation Name

LOURDES EDRIDGE, P.A.

Principal Place of Business

Mailing Address

1645 ALGONQUIN TRAIL
MAITLAND FL 32751

717 EAST OAK STREET
KISSIMMEE FL 34744

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/10/1995

4. FEI Number

59-3326603

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 4385 S. Tropical Trail

Suite, Apt. #, etc.

22

City & State

23 Merritt Island, FL

Zip

24 32952

Country

25

City & State

26

Zip

27

Country

30

9. Name and Address of Current Registered Agent

SWART, HARRY J CPA
717 E. OAK STREET
KISSIMMEE FL 34744

10. Name and Address of New Registered Agent

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

TITLE PST
NAME EDRIDGE, LOURDES
STREET ADDRESS 1645 ALGONQUIN TRAIL
CITY-ST-ZIP MAITLAND FL 32751

TITLE
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NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P.S.T.D
1.2 NAME Edridge, Lourdes
1.3 STREET ADDRESS 4385 South Tropical Trail
1.4 CITY-ST-ZIP Merritt Island, FL 32952

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

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

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

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

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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:

Loures Edridge

4/28/98

CR2E034 (10/97)