

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000071265 (9)

1. Corporation Name

EDGEHILL/HERMITAGE CORP.



Principal Place of Business 5544 OKEECHOBEE BLVD WEST PALM BEACH FL 33417	Mailing Address 5544 OKEECHOBEE BLVD WEST PALM BEACH FL 33417
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2. Principal Place of Business 21 5544 OKEECHOBEE BLVD		2a. Mailing Address 26 Suite, Apt. #, etc.		3. Date Incorporated or Qualified 09/14/1995	3a. Date of Last Report
22 City & State 23 WEST PALM BEACH FL		27 City & State		4. FEI Number 65-0613008	Applied For Not Applicable
24 Zip 33417		25 Country		5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
26 Zip		27 Country		6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
28 Zip		29 Country		8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent HANSON, KARL B JR C/O LEBOEUF, LAMB, GREEN, & MACRAE, L.L.P. 50 N LAURA ST SUITE 2800 JACKSONVILLE FL 32202-3650	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
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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 of person completing this statement must be in capital letters.

DATE Registered Agent's signature is required when changing.

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OWNER / PRESIDENT Richard E BEDRICK 244 Trump Tower SWS Flager Dr West Palm Beach FL 33409	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-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 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. I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICHARD E BEDRICK 6/5/96

Date

Original Filing #

CR2E034 (3/96)