FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

2a. Mailing Address

City & State

Zip

29

11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above-named corp office or registered agent, or both, in the State of Florida. Such change was authorized by the corporating agent it am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

Suite, Apt. #, etc.

PROFIT
CORPORATION
ANNUAL REPORT

1997

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

23 Zip

24



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000014750 (9)

EDGEWATER JUNCTION, INC.

25

PURCELL, THOMAS K 225 WATER STREET

JACKSONVILLE FL 32202

SUITE 1235

Principal Place of Business Mailing Address

1261 KING STREET 1261 KING STREET

JACKSONVILLE FL 32205 JACKSONVILLE FL 32204-4267

9. Name and Address of Current Registered Agent

FILED May 07 1997 8:00am Secretary of State

	3. Date Incorporated or Qualified 02/14/1996	3a. Da	te of L	ast Report	
	4. FEI Number 59-336052	L	-	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			
T	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No				
10. Name and Address of New Registered Agent					
)					
ss (P.O. Box Number is Not Acceptable)					
		FL	85	Zip Code	
oration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered					
al a	hos rejectation)	DATE			

Sign of the type fine printed name of registered agent and alle if applicable (NOTE Flogistered Agent & gnature require ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. DELETE Change 11/14 1.1 TITLE RICHARO T. GOODMAN 1.2 NAME NAMI 1.3 STREET ADDRESS 2201 River Blvd. STR-FEADORES! 32204 1.4 CITY - ST - 7/P TACKBONVIILE DELETE Change 2.1 TITLE Addition TITLE 22 NAME NAM: IOHN S. HURTUBISE STHEET ANDRESS 23 STREET ADDRESS 2201 River 32204 2.4 CITY-ST-ZIP CHY+S1 Zér JACKEDNYINE Addition DELETE 1006 3.1 TITLE 3.2 NAME NAM STREET ADDRESS 3.3 STREET ADDRESS £-14-51-2IP 3.4. CITY - ST - ZIP DELETE Change ☐ Addition 11111 4.1 TITLE 4.2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CHY ST 201 4.4 CITY - ST - ZIP DELETE Change Addition THUE 5.1 TITLE NAME. 52 NAME STREET ADDRESS **5 3 STREET ADDRESS** CIDY-ST 7D 54 City-ST-ZIP DELETE Change . Addition 61 TITLE Trl JE 6.2 NAME STREET 4009/55 **6.3 STREET ADDRESS** 6.4 CITY - ST - ZIP CHY-SL-ZIP

Country

81

82

B3

Street Add

30

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, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

RICHARD. T. GOODMAN

SIGNATURE:

SHATUHE OF SHAME OF SHAME OF BOTH OF THE OF DIRECTOR

-25-97 904-388-3434 Date Dayline Phone #