

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

**FILED**  
**May 12 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 # P96000047193 (3)**

1. Corporation Name  
**MABRY EDWARDS, C.P.A., P.A.**



Principal Place of Business  
**4110 SOUTHPOINT BLVD #230 JACKSONVILLE FL 32216-0928**

Mailing Address  
**4110 SOUTHPOINT BLVD #230 JACKSONVILLE FL 32216-0928**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**06/04/1996**

2. Principal Place of Business  
 21 **8176 Blue Jay Lane**  
 Suite, Apt. #, etc.

2a. Mailing Address  
 26 **P.O. Box 551103**  
 Suite, Apt. #, etc.

4. FEI Number  
**59-3381925**

22 City & State  
**JACKSONVILLE, FL**

27 City & State  
**JACKSONVILLE, FL**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

23 Zip  
**32256-7201**

28 Zip  
**32255-1103**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

24 Country  
**DUVAL**

29 Country  
**DUVAL**

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
**EDWARDS, MABRY JR.  
 8176 BLUE JAY LANE  
 JACKSONVILLE FL 32256-7201**

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's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>EDWARDS, MABRY JR.</b>	
STREET ADDRESS	<b>8176 BLUE JAY LANE</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32256-7201</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> DELETE
NAME	<b>EDWARDS, LUNDA</b>	
STREET ADDRESS	<b>8176 BLUE JAY LANE</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32256-7201</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 *Mabry Edwards* ITS Pres. 4/30/98 (904) 642-1332

CR2E034 (10/97)