

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

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Mar 19 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000088794 (8)

1. Corporation Name

EDGE OF TOWNE, INC.

Principal Place of Business

4304 BAY BROOK DRIVE
KISSIMMEE FL 34746

Mailing Address

4304 BAY BROOK DRIVE
KISSIMMEE FL 34746

2. Principal Place of Business

21 70 N KENNEDY BLVD

Suite, Apt. #, etc.

22

City & State

23 KISSIMMEE FL

Zip

Country

24 34746

25

2a. Mailing Address

26 7724 TREE LINE BLVD

Suite, Apt. #, etc.

27

City & State

28 MELBOURNE FL

Zip

Country

29 32935

30 USA

3. Date Incorporated or Qualified

10/18/1996

4. FEI Number

59-3406586

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

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

EGERTON, CLARK C
4304 BAY BROOK DRIVE
KISSIMMEE FL 34746

10. Name and Address of New Registered Agent

81 Name

JUN F EGERTON

82 Street Address (P.O. Box Number is Not Acceptable)

7724 TREE LINE BLVD

83

84

City MELBOURNE

FL

85

Zip Code 32935

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)

3-16-98

DATE

12. OFFICERS AND DIRECTORS

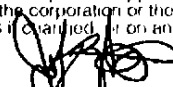
TITLE	D	<input type="checkbox"/> DELETE
NAME	EGERTON, JON F	
STREET ADDRESS	3724 TREE LINE BOULEVARD	
CITY-ST-ZIP	MELBOURNE FL 32935	
TITLE	D	<input type="checkbox"/> DELETE
NAME	EGERTON, PAMELA S	
STREET ADDRESS	3724 TREE LINE BOULEVARD	
CITY-ST-ZIP	MELBOURNE FL 32935	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	EGERTON, CLARK C	
STREET ADDRESS	4304 BAY BROOK DRIVE	
CITY-ST-ZIP	KISSIMMEE FL 34746	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SINDONE, DENISE M	
STREET ADDRESS	4304 BAY BROOK DRIVE	
CITY-ST-ZIP	KISSIMMEE FL 34746	
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 qualified, or on an attachment with an address.

SIGNATURE:



JON F. EGERTON

3-16-98 407 436 0035

CR2E034 (10/97)