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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P96000090347 (1)

EDGEWOOD INVESTIGATIONS. INC.

Block 12 or Block 13 if changed, or K

Principal Place of Business Mailing Address 950 S WINTER PARK DR P.O. BOX 180844 CASSELBERRY FL 32718 DO NOT WRITE IN THIS SPACE CASSELBERRY FL 32707 US 3. Date Incorporated or Qualified 10/29/1996 2. Principal Place of Business
21 107 W. COMMERCIAL ST
Suite, Apt. #, etc. 4. FEI Number Applied For 59-3407487 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangable ☐ Yes Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 81 Name PERNO. BILL S. 545 N COUNTRY CLUB RD 82 Street Address (P.O. Box Number is Not Acceptable) LAKE MARY FL 32746 83 84 City Zip Code 85 1 : 11. Pursuant to the provisions of Sections 607 (602 and 607, 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent. Land familiar with applications of Section 607,0505, Florida Statutes. SIGNATURE OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE **RESIDENT** Change Addition 11 TITLE PERNO. BILL S NAME 1.2 NAME 545 N COUNTRY CLUB RD STREET ADDRESS 1.3 STREET ADDRESS LAKE MARY FL 32748 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 21 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-\$1-ZIP 2. 4 CITY - ST - ZIP DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 C(1Y - \$1 - ZIP DELFTE 5 1 717LE Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6 1 111LE NAME 6.2 NAME STREET ADORESS 6.3 STREET ADDRESS 6.4 CITY - \$1 - ZIP

14. Thereby certify that the information supplied with this filing does not applify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or supplicmental equal report is tole 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 receiptr or trugged engineered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in

FILED

Apr 24 1998 8:00am

Secretary of State