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FILED
May 05 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000099451 (2)

1. Corporation Name

EDWAY PUBLICATIONS, INC.



Principal Place of Business
3233-B THOMASVILLE ROAD
TALLAHASSEE FL 32312

Mailing Address
3233-B THOMASVILLE ROAD
TALLAHASSEE FL 32312-2803

3. Date Incorporated or Qualified

12/06/1996

3a. Date of Last Report

2. Principal Place of Business

21. Suite, Apt. #, etc.

22. 3323-B Thomasville Rd

City & State

23. Zip

Country

24. Zip

25. Country

2a. Mailing Address

26. Suite, Apt. #, etc.

27. 3323-B Thomasville Rd

City & State

28. Zip

Country

29. Zip

30. Country

9. Name and Address of Current Registered Agent

EDWARD, BARBARA R
2428 OAKDALE STREET
TALLAHASSEE FL 32312-3214

3. Date Incorporated or Qualified

12/06/1996

3a. Date of Last Report

4. FFI Number

59-3434444

☒ 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 has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes ☐ No

10. Name and Address of New Registered Agent

81. Name

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

83. City

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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME EDWARDS, BARBARA R
STREET ADDRESS 2428 OAKDALE STREET
CITY-ST-ZIP TALLAHASSEE FL 32312-3214

TITLE STD ☐ DELETE

NAME HATHAWAY, KATHRYN A
STREET ADDRESS 2826 WHITTINGTON DRIVE
CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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***165.00

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.

SIGNATURE: *Barbara R. Edwards*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Barbara R. Edwards

3-6-97

553-4100

Date

Daytime Phone # 0009322

CR2E034 (9/96)