

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 12, 1999 8:00 am
Secretary of State

05-12-1999 90002 029 ***150.00

DOCUMENT # P97000005996

1. Corporation Name

EDWARDS & ASSOCIATES, C.P.A.S, P.A.

Principal Place of Business
600 UNIVERSITY OFFICE BLVD
SUITE 14-C
PENSACOLA FL 32504

Mailing Address
P.O. BOX 10237
SUITE 14-C
PENSACOLA FL 32524-0237
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/21/1997

4. FEI Number

59-3423359

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 the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 1161 Murfreesboro Pike

Suite, Apt. #, etc.

22 Suite 401

City & State

23 Nashville, TN

Zip

24 37217

Country

25 USA

2a. Mailing Address

26 1161 Murfreesboro Pike

Suite, Apt. #, etc.

27 Suite 401

City & State

28 Nashville, TN

Zip

29 37217

Country

30 USA

9. Name and Address of Current Registered Agent

HUSTON, GARY W
3 WEST GARDEN STREET
SUITE 600
PENSACOLA FL 32501

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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME EDWARDS, G. DAVID
STREET ADDRESS 600 UNIVERSITY OFFICE BLVD, STE 14-C
CITY-ST-ZIP PENSACOLA FL 32504

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☒ Change ☐ Addition
1.2 NAME Edwards, G. David
1.3 STREET ADDRESS 1161 Murfreesboro Pike, Suite 401
1.4 CITY-ST-ZIP Nashville, TN 37217

2.1 TITLE S ☐ Change ☒ Addition
2.2 NAME Edwards, Sally A
2.3 STREET ADDRESS 1161 Murfreesboro Pike, Suite 401
2.4 CITY-ST-ZIP Nashville, TN 37217

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

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, with all other like empowered.

SIGNATURE:

Sally G. Edwards, Secretary

4/28/99

Date

6153666020

Daytime Phone #

CR2E034 (11/98)

0523417