

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

DOCUMENT # P98000060297

1. Corporation Name

EDISON SERVICES CORPORATION

Principal Place of Business

1022 NE VAN LOON TERRACE
CAPE CORAL FL 33909

Mailing Address

1022 NE VAN LOON TERRACE
CAPE CORAL FL 33909

FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90161 043 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/06/1998

4. FEI Number

65-0885445

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 2134 EVEREST PARKWAY

Suite, Apt. #, etc.

22

City & State

23 CAPE CORAL FL

Zip

24 33904

Country

25 U.S.

2a. Mailing Address

26 2134 EVEREST PARKWAY

Suite, Apt. #, etc.

27

City & State

28 CAPE CORAL, FL

Zip

29 33904

Country

30 U.S.

9. Name and Address of Current Registered Agent

MILLER, JERRY
1022 NE VAN LOON TERRACE
CAPE CORAL FL 33909

10. Name and Address of New Registered Agent

81 Name

JERRY MILLER

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

2134 EVEREST PARKWAY

83

84 City

CAPE CORAL

FL

85 Zip Code
33904

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

Jerry Miller

JERRY MILLER, PRESIDENT

4/27/1999

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 CHAIRMAN OF BOARD ☐ DELETE

NAME JERRY MILLER

STREET ADDRESS 2134 EVEREST PARKWAY

CITY-ST-ZIP CAPE CORAL, FL 33904

TITLE PRESIDENT - SECRETARY - TREASURER ☐ DELETE

NAME JERRY MILLER

STREET ADDRESS 2134 EVEREST PARKWAY

CITY-ST-ZIP CAPE CORAL, FL 33904

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

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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:

Jerry Miller JERRY MILLER, Pres.

4/28/99

941-574-2511

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)