FILED

2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

Apr 21, 2003 8:00 am Secretary of State P99000011315 DOCUMENT # 04-21-2003 90522 040 ***150.00 1. Entity Name THE EDMONDS COMPANY, INC. Principal Place of Business Mailing Address 11004311 9309-1 OLD KINGS RD SOUTH 9309-1 OLD KINGS RD SOUTH JACKSONVILLE FL 32257 JACKSONVILLE FL 32257 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-3556619 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ~ - 7. Name and Address of New Registered Agent Name EDMONDS, STEPHEN Street Address (P.O. Box Number is Not Acceptable) 9309-1 OLD KINGS RD SOUTH JACKSONVILLE FL 32257 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE DATE typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Addition TITLE Delete TITLE ☐ Change EDMONDS, STEPHEN L NAME NAME STREET ADDRESS 9309-1 OLD KINGS RD SOUTH STREET ADDRESS JACKSONVILLE FL 32257 CITY-ST-ZIP CITY-S1-ZIP Addition TITLE VP ☐ Delete TITLE Change NAME EDMONDS, JAMES III NAME STREET ADDRESS STREET ADDRESS 9309-1 OLD KINGS RD SOUTH CITY-ST-ZIP CITY-ST-ZIF JACKSONVILLE FL 32257 TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

9047396007

☐ Addition