

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000043140

1. Entity Name

EDWARDS WHOLESALE, INC.

Principal Place of Business
8850 THUNDERBIRD DR.
PENSACOLA FL 32514

Mailing Address
8850 THUNDERBIRD DR.
PENSACOLA FL 32514

2. Principal Place of Business

6660 Pens. Blvd
Suite, Apt. #, etc.

3. Mailing Address

8850 Thunderbird Dr
Suite, Apt. #, etc.

City & State

Pens 71

City & State

Pens. 71

4. FEI Number

593575988

Applied For

Not Applicable

Zip

32504

Country

Escambia

Zip

32574

Country

Escambia

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SAWYER, JOHN R ESQ.
9 WEST GARDEN STREET, STE.346
PENSACOLA FL 32501

MIKE BURNS
103 West Intendencia St
Pens 71. 32501
Ph # 880438-3335

7. Name and Address of New Registered Agent

Name MIKE BURNS
Street Address (P.O. Box Number is Not Acceptable)
103 W. Intendencia St.
City Pensacola FL Zip Code 32501

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE President
NAME Michael D. Edwards
STREET ADDRESS 8850 Thunderbird Dr
CITY-ST-ZIP Pens 71 32514

TITLE V.P.
NAME Debra L. Edwards
STREET ADDRESS 8850 Thunderbird Dr
CITY-ST-ZIP Pens 71 32504

TITLE Sec
NAME Donna L. Morris
STREET ADDRESS President/Owner
CITY-ST-ZIP Gulf Coast Jeep Chrysler

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Debra L. Edwards 9/18/00 880478-5030

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

00 OCT 18 PM 12:31



DO NOT WRITE IN THIS SPACE

CR2E034 (5/00)