

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2000 8:00 am
Secretary of State
 05-30-2000 90076 038 ***558.75

DOCUMENT # S12419

1. Entity Name
THE EDMONDS COMPANY OF N. FL. INC.

Principal Place of Business ST AUGUSTINE RD #1 JACKSONVILLE FL 32217	Mailing Address 6320 ST AUGUSTINE RD BLDG #1 JACKSONVILLE FL 32217-2813 US
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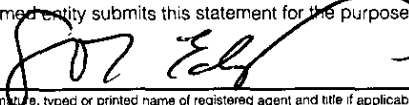
2. Principal Place of Business 9309-1 Old Kings Road S.	3. Mailing Address 9309-1 Old Kings Road S.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State JACKSONVILLE, FL	City & State JACKSONVILLE, FL
Zip 32257	Zip 32257
Country DUVAL	Country DUVAL

4. FEI Number 59-3041381	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
**EDMONDS, STEPHEN L
 6320 ST. AUGUSTINE RD
 BLDG #1
 JACKSONVILLE FL 32217**

7. Name and Address of New Registered Agent
 Name **Edmonds, Stephen L.**
 Street Address (P.O. Box Number is Not Acceptable)
9309-1 Old Kings Road South
 City **Jacksonville** FL Zip Code **32257**

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  DATE **5/11/2000**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign/Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDMONDS, STEPHEN L.		NAME	Edmonds, Stephen L.	
STREET ADDRESS	6320 ST. AUGUSTINE RD BLDG #1		STREET ADDRESS	9309-1 Old Kings Road South	
CITY-ST-ZIP	JACKSONVILLE FL		CITY-ST-ZIP	Jacksonville, FL 32257	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDMONDS, JAMES I		NAME	Edmonds, James III	
STREET ADDRESS	6320 ST. AUGUSTINE RD BLDG #1		STREET ADDRESS	9309-1 Old Kings Road South	
CITY-ST-ZIP	JACKSONVILLE FL		CITY-ST-ZIP	Jacksonville, FL 32257	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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:  DATE **5/11/2000** DAYTIME PHONE # **9047396007**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)