

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S17847 (2)

1. Corporation Name

EDGEWOOD VILLAGE DEVELOPMENT, INC.

Principal Place of Business

Mailing Address

1830 ATLANTA AVENUE
ORLANDO FL 32806

1830 ATLANTA AVENUE
ORLANDO FL 32806



2. Principal Place of Business

2a. Mailing Address

21 2117 Hoffner Ave.

26 2117 Hoffner Ave.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

Orlando, FL

28 City & State

Orlando, FL

24 Zip

32809

25 Country

US

29 Zip

32809

30 Country

US

3. Date Incorporated or Qualified

12/12/1990

3a. Date of Last Report

12/29/1995

4. FEI Number

59-3056416

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

DAVIS, J. ROLFE JR.
1830 ATLANTA AVENUE
ORLANDO FL 32806

10. Name and Address of New Registered Agent

81 Name

Pete Madison

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

2117 Hoffner Ave

83

Orlando

FL

32809

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

Pete Madison

PETE MADISON

7/24/96

DATE

12. OFFICERS AND DIRECTORS

TITLE PDVS
NAME DAVIS, J. ROLFE JR.
STREET ADDRESS 1233 GOLDEN LANE
CITY - ST - ZIP ORLANDO FL ☒ DELETE

TITLE DTV
NAME MADISON, PETER
STREET ADDRESS 5621 LAKE MARY JESS SHRS
CITY - ST - ZIP ORLANDO FL ☐ DELETE

TITLE DV
NAME KUCK, DUANE
STREET ADDRESS 2039 HOFFNER AVENUE
CITY - ST - ZIP BELLE ISLE FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

21 TITLE Director
22 NAME MADISON, PETER
23 STREET ADDRESS 2117 Hoffner Ave.
24 CITY - ST - ZIP Orlando, FL 32809 ☒ Change ☐ Addition

31 TITLE Director
32 NAME KUCK, DUANE
33 STREET ADDRESS 3601 Idle Hour
34 CITY - ST - ZIP Orlando, FL 32822 ☒ Change ☐ Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP ☐ Change ☐ Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP ☐ Change ☐ Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Pete Madison

PETE MADISON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/24

(407)857-3619

DATE

Daytime Phone

CR2E034 (3/96)