

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # S61607 (5)
1. Corporation Name
EDWARDS INVESTMENTS OF MANATEE COUNTY, INC.



Principal Place of Business: **1225 9TH STREET WEST BRADENTON FL 34205**
Mailing Address: **1225 9TH STREET WEST BRADENTON FL 34205**

3. Date Incorporated or Qualified: **06/21/1991**
3a. Date of Last Report: **04/28/1995**

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

4. FET Number: **65-0275242**
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
**CUNNINGHAM, PATRICK R.
3008 MANATEE AVENUE WEST
BRADENTON FL 34205**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
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 _____ DATE _____
Signature typed or printed name of registered agent (if not applicable) _____ Registered Agent Signature (typed or printed name) _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDWARDS, WILLIAM H.	1.2 NAME
STREET ADDRESS	217 68TH AVE DR WEST	1.3 STREET ADDRESS
CITY - ST - ZIP	BRADENTON FL	1.4 CITY - ST - ZIP
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDWARDS, A. R.	2.2 NAME
STREET ADDRESS	908 59TH ST. N.W.	2.3 STREET ADDRESS
CITY - ST - ZIP	BRADENTON FL	2.4 CITY - ST - ZIP
TITLE	DS <input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDWARDS, ALICE	3.2 NAME
STREET ADDRESS	908 59TH ST. N.W.	3.3 STREET ADDRESS
CITY - ST - ZIP	BRADENTON FL	3.4 CITY - ST - ZIP
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KING, LARRY D	4.2 NAME
STREET ADDRESS	4620 RIVERVIEW BLVD.	4.3 STREET ADDRESS
CITY - ST - ZIP	BRADENTON FL	4.4 CITY - ST - ZIP
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KING, LARRY D.	5.2 NAME
STREET ADDRESS	4620 RIVERVIEW BLVD	5.3 STREET ADDRESS
CITY - ST - ZIP	BRADENTON FL	5.4 CITY - ST - ZIP
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY - ST - ZIP		6.4 CITY - ST - ZIP

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: W. H. Edwards
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/96 941-747-4645
Date: _____
Office: _____

CR2E034 (12/95)