## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

S61607

(5)

EDWARDS INVESTMENTS OF MANATEE COUNTY, INC.

ncipal Place of Business	Mailing Address
1225 9TH STREET WEST BRADENTON FL 34205	1225 9TH STREET WEST BRADENTON FL 34205
2. Principal Place of Business	2a. Mailing Address
1	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.

FILED Apr 20 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

Applied For

3. Date Incorporated or Qualified

06/21/1991

21			26						65-0275242		N <sub>1</sub>	ot Applicable		
Suite, Apt. #, etc.			Sui	Suite, Apt. #, etc.					5. Certificate of Status Desired		·	Additional		
22			27					_	C. Collinate of States Boomed	<u> </u>	Fee R	equired		
City & State			} `	City & State					6. Election Campaign Financing	_		May Be		
23					Country				Trust Fund Contribution	<u> </u>		to Fees		
Zιρ	-	Country Zip Co.							8. This corporation owes or has		_ ′ -	tangible T No		
24 25 29 30 30 9. Name and Address of Current Registered Agent							Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered Agent							
CUNNINGHAM, PATRICK R.							Name							
3008 MANATEÉ AVENUE WEST BRADENTON FL 34205						82 Street Address (P.O. Box Number is Not Acceptable)								
						82 Street Address (P.O. Box Number is Not Acceptable)								
						63								
}						84	Olb				las l Zin	O-do		
						~	City			FL	<b>65</b> Zip	Code		
11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the al							-named cor	rpora	ation submits this statement for the	purpose of	changing i	ts 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														
Styneture, typed or privided name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstalling) DATE														
12.		OFFICERS AND DIRECTORS 13							ADDITIONS/CHANGES TO OF	FICERS AND				
TITLE	P				1	1.1 TITLE					Change	☐ Addition		
NAME						1.2 NAME						ŀ		
STREET ADDRESS	217 66TH AVE DR WEST					1.3 STREET ADDRESS								
CITY-ST-ZIP		BRADENTON FL VPD DELETE				1.4 CITY-ST-ZIP					Change	Addition		
TITLE	VPD	0 A D		U DECEME	21 TITLE		1				change			
NAME	EDWARDS, A. R RESS 908 59TH ST. N.W.					2.2 NAME 2.3 STREET ADDRESS				2		ĺ		
STREET ADDRESS	BRADENTON FL						· · · I							
CITY-SI-ZIP TITLE						2. 4 CITY-ST-ZIP 3.1 TITLE			· · · · · · · · · · · · · · · · · · ·		Change	Addition		
NAME	DS DELETE EDWARDS, AUCE					3.2 NAME					C Cuttingo	7.0000001		
STREET ADDRESS						3.3 STREET ADDRESS								
	DO LOCATION C					3.4. CITY-ST-ZIP								
CITY-ST-ZIP TITLE	TD					4.1 TITLE					Change	Addition		
NAME						4. 2 NAME								
STREET ADDRESS		ERMEW BLVD.					ADDRESS							
CITY-ST-ZIP		and a second second			4.4 CIT		· · · · · · · · · · · · · · · · · · ·							
TITLE	D				1 TITLE					Change	Addition			
NAME	KING, LAI				5.2 NA	5.2 NAME								
STREET ADDRESS		AAAA AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA			5.3 STI	REET /	ADDRESS							
CITY-ST-ZIP		DOADSARON SI				Y-\$T	i i							
TITLE				DELETE	6.1 TIT						Change	Addition		
NAME					6.2 NA	ME	1							
STREET ADDRESS					6.3 ST	REET A	ADDRESS .					i		
CITY-ST-ZIP					6.4 CIT	Y-S7	- ZIP							
	ertify that the	information supplied wi	th this filing	does not qualify for				n Se	ection 119 07(3)(i) Florida Statutes	I further co	rtify that the	information		

•4. I belong certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(9, Florida Statutes. I further certify that the information indicated on this annual report or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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:

EIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTO

4-14-98 94) 747 4645