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FILED
Apr 27 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **S68843** (9)
1. Corporation Name
THE EDWARDS MANAGEMENT CORPORATION



Principal Place of Business
**6521 GILDAR STREET
ALEXANDRIA VA 22310**

Mailing Address
**6521 GILDAR STREET
ALEXANDRIA VA 22310**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 **2224 Alice Road**

Suite, Apt. #, etc.

22

City & State

23 **Sarasota FL**

Zip

24 **34231**

Country

25 **USA**

2a. Mailing Address

26 **P.O. Box 15203**

Suite, Apt. #, etc.

27

City & State

28 **Sarasota FL**

Zip

29 **34277**

Country

30 **USA**

3. Date Incorporated or Qualified

07/26/1991

4. FEI Number

58-1942819

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**WEAVER, SHIRLEY A.
2224 ALICE RD
SARASOTA FL 34231**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
EDWARDS, III CLARENCE M
6521 GILDAR ST
ALEXANDRIA VA**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
EDWARDS, VIRGINIA A
6521 GILDAR ST
ALEXANDRIA VA**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
WEAVER, SHIRLEY A
2224 ALICE ROAD
SARASOTA 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

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
**Edwards, III, Clarence M
4402 Little John Trail
Sarasota FL 34232**

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
**Edwards, Virginia, A
4402 Little John Trail
Sarasota FL 34232**

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. 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 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: **Virginia A. Edwards, Virginia A. Edwards V/P EMC 4/18/98 800-381-3875**

CR2E034 (10/97)