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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V04231

(9)

SPEEDY EDWARDS AND SON, INC. Principal Place of Business Mailing Address 321-23RD AVENUE 321-23RD AVENUE APALACHICOLA FL 32320-22								
					3. Date Incorporated or Qualified	3a. Date of Last R	leport	
9 Principal Di	ace of Business	2a. Mailing Address			01/06/1992 4. FEI Number	01/24/1996	anlind Co.	
21	ace of ousiness	26			59-1796335		oplied For ot Applicable	
Suite, Apt. #, etc		Suite, Apt. #, etc.			- \$9.75	Additional		
22		27		5. Certificate of Status Desired	1 1 7	equired		
City & State		City & State		6. Election Campaign Financing		May Be		
23	28		Country		Trust Fund Contribution		to Fees	
Zip 24				'	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes			
24	9. Name and Address of Current		130]		10. Name and Address of New Re		***************************************	
EDM	ARDS, TILTON		81	Name			***************************************	
321-23RD AVENUE			82	Street Add	dress (P.O. Box Number is Not Acceptable)			
APA	LACHICOLA FL 32320			0,,00,,,100				
			83					
			84	City	774444444444444444444444444444444444444	85 Zip	Code	
44 ()	the the same of Continue 207 0502	and 607 1500 Florida Stat	utoo the obey		poration submits this statement for the	FL 00 24	to registered	
SIGNATURE	Signation by our or prized mand of registered agent Of FICERS AND	ana titio il applicable (N DIRECTORS	OTE: Registered Agr		tion's board of directors. I hereby acce ired when reinstating) ADDITIONS/CHANGES TO OFFI	DATE CERS AND DIRECTOR	RS IN 12	
TITLE	P	DELETE	1.1 TITLE			L Change	Maddition Addition	
NAME	TILTON, EDWARD		1.2 NAME		•			
STREET ADDRESS	321 23RD AVE.		13 STREET					
CITY-ST-7IP TITLE	APALACHICOLA FL 32320	DELETE	1.4 CITY- 5 2 1 TIFLE	ST-ZIP		Change	Addition	
NAME		En preside	2.2 NAME			v.u.r.g.		
STREET ADORESS			2.3 STREET	ADDRESS				
CITY-ST-ZIF			2. 4 CITY-		¥),-	:		
TITLE		☐ DELETE	3.1 TITLE			☐ Change	Addition	
NAME			3.2 NAME					
STREET ADORESS			3.3 STREET	ADDRESS				
City-St-ZiP		DOLLET	3.4. CITY-	ST-ZIP		[] ()	T Addition	
TIFLE		DELETE	4.1 TITLE 4.2 NAME			Change	☐ Addition	
NAME STREET ADDRESS				ADDRESS				
CITY - ST - ZIP			4.4 CITY-5	- 1				
TITLE		DELETE	5.1 TITLE			Change	Addition	
NAME			5,2 NAME			•		
STREET ADDRESS			5.3 STREET	ADDRESS				
CITY+ST-ZIP			5 4 CITY-5	3T- 2IP				
TITLE		[]] DELETE	6.1 TITLE	Į		Change	Addition	
NAME			62 NAME					
STREET ADDRESS				ADDRESS				
14. Ldo heret	ov certify that the information supplied	with this filing does not ou	64 City-3		d in Section 119.07(3)(i), Florida Statut	es. I further certify that	t the	
informatio Lam an ol	in indicated on this annual report or su	ipplemental annual report is he receiver or trustee emp	s true and acc owered to exec	urate and tha	at my signature shall have the same leg ort as required by Chapter 607, Florida	al effect as if made un	nder bath; that	

CICNIATUDE

The AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR HED WAR DE PRES. Jon, 39, 1997

FILED Feb 04 1997 8:00am Secretary of State