FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

95 MAY 10 AM 10:35

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # V28572 (8)

1. Corporate Name

EDI CONCEPTS, INC.

Principal Place of Business:
3430 CLUB PLACE
DULUTH GA 30136
US

Mailing Address:
3430 CLUB PLACE
DULUTH GA 30136
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/10/1992

3a. Date of Last Report: 05/01/1994

4. FEI Number: 59-3123073 — 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

2 Principal Office Address: 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

9. Name and Address of Current Registered Agent

JONES, MARYAGNES
4724 NW 57TH DR
GAINESVILLE FL 32606

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 617.0502, 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

12. OFFICERS AND DIRECTORS

Field	Value
TITLE	PD
NAME	JONES, GLEN M
STREET ADDRESS	3430 CLUB PLACE
CITY-ST-ZIP	DULUTH GA
TITLE	VD
NAME	JONES, O.M. JR
STREET ADDRESS	4724 NW 57TH DR
CITY-ST-ZIP	GAINESVILLE FL
TITLE	STD
NAME	JONES, MARYAGNES
STREET ADDRESS	4724 NW 57TH DR
CITY-ST-ZIP	GAINESVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 — ☐ Change ☐ Addition (TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP, six blank entries)

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)(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 the 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: [signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/95 Date

(404) 813-8441 Daytime Phone #

0399033 FP