FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 16 PM 2:56

DOCUMENT # V35202 (3)

1. Corporation Name
EDEN 5 CORPORATION

Principal Place of Business	Mailing Address
1957 ALLISON AVE PANAMA CITY BEACH FL 32408	1957 ALLISON AVE PANAMA CITY BEACH FL 32408

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/11/1992
3a. Date of Last Report: 03/21/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: 59-3125441 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22) / Suite, Apt. #, etc. (27)
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
City & State (23) / City & State (28)
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
Zip (24) Country (25) / Zip (29) Country (30)
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

GRIMES, DIANE
1957 ALLISON AVE
PANAMA CITY BEACH FL 32408

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
(Typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	GP	11 TITLE	P	☐ Change ☑ Addition
NAME	GRIMES, DIANNE	12 NAME	JANEY L. Clark	
STREET ADDRESS	1957 ALLISON AVE	13 STREET ADDRESS	211 Greene 745 Rd	
CITY-ST-ZIP	PC BCH FL	14 CITY-ST-ZIP	Paragould, AR 72450	
TITLE	P	21 TITLE	P	☐ Change ☑ Addition
NAME	GRIMES, BILLIE	22 NAME	Patricia E McCrimmon	
STREET ADDRESS	1957 ALLISON AVE	23 STREET ADDRESS	2158 Rt. 34 Box 97	
CITY-ST-ZIP	PC BCH FL	24 CITY-ST-ZIP	Oswego, IL 60543	
TITLE	P	31 TITLE		☐ Change ☐ Addition
NAME	KENNEDY, JULIE	32 NAME		
STREET ADDRESS	BOX 654	33 STREET ADDRESS		
CITY-ST-ZIP	NEWARK IL	34 CITY-ST-ZIP		
TITLE	P	41 TITLE		☐ Change ☐ Addition
NAME	KENNEDY, JAMES	42 NAME		
STREET ADDRESS	BOX 654	43 STREET ADDRESS		
CITY-ST-ZIP	NEWARK IL	44 CITY-ST-ZIP		
TITLE	P	51 TITLE		☐ Change ☐ Addition
NAME	KAUSKI, VALERIE	52 NAME		
STREET ADDRESS	112 HICKORY ST	53 STREET ADDRESS		
CITY-ST-ZIP	OSWEGO IL	54 CITY-ST-ZIP		
TITLE	P	61 TITLE		☐ Change ☐ Addition
NAME	KAUSKI, WILLIAM	62 NAME		
STREET ADDRESS	112 HICKORY ST	63 STREET ADDRESS		
CITY-ST-ZIP	OSWEGO IL	64 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)(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: [signature] 2-14-95 904235294
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Telephone Number

0031584 CP