

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**APPROVED
AND
FILED**

95 APR 26 PM 1:28

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # P94000038257 (9)

**1. Corporation Name
EDISON SUNDRY CORPORATION**

**Principal Place of Business Mailing Address
14751 EDEN ST. 14751 EDEN ST.
FT. MYERS FL 33908 FT. MYERS FL 33908**

DO NOT WRITE IN THIS SPACE.

**2. Date Incorporated or Qualified 3a. Date of Last Report
05/16/1994**

**4. FEI Number Applied For
65-0488478 Not Applicable**

**5. Certificate of Status Desired \$8.75 Additional
Fee Required**

**6. Election Campaign Financing \$5.00 May Be
Trust Fund Contribution Added to Fees**

**8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes Yes No**

2. Principal Place of Business 2a. Mailing Address
21 Suits, Apt. #, etc. 26 Suits, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 Zip Country 25 29 Zip Country 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MASSIE, CHARLES A
14751 EDEN ST.
FT. MYERS FL 33908**

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 *Charles A. Massie*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

1/16/95
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASSIE, CHARLES A	1.2 NAME	
STREET ADDRESS	14751 EDEN ST.	1.3 STREET ADDRESS	
CITY - ST - ZIP	FT. MYERS FL 33908	1.4 CITY - ST - ZIP	
TITLE	DS	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASSIE, BETTY A	2.2 NAME	
STREET ADDRESS	14751 EDEN ST.	2.3 STREET ADDRESS	
CITY - ST - ZIP	FT. MYERS FL 33908	2.4 CITY - ST - ZIP	
TITLE	DV	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACOBS, BRUCE P	3.2 NAME	
STREET ADDRESS	6799 HIGHLAND PINES CR.	3.3 STREET ADDRESS	
CITY - ST - ZIP	FT. MYERS FL 33912	3.4 CITY - ST - ZIP	
TITLE	DT	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACOBS, ROBIN J	4.2 NAME	
STREET ADDRESS	6799 HIGHLAND PINES CR.	4.3 STREET ADDRESS	
CITY - ST - ZIP	FT. MYERS FL 33912	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 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)(k), 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: *Charles A. Massie* **CHARLES A. MASSIE** **1/16/95** **(813) 332-1612**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date City/State #