

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # 688889

(5)

1. Corporation Name
SUNDIAL HOMES, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 16 PM 3:33

Principal Place of Business

C/O WYNNE, JOEL F.
8000 S US 1, #402
PORT ST. LUCIE FL 34952

Mailing Address

C/O WYNNE, JOEL F.
8000 S US 1, #402
PORT ST. LUCIE FL 34952

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

25 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

28 Zip

24 Country

29 Country

9. Name and Address of Current Registered Agent

WYNNE, JOEL F.
8000 S US 1, #402
PORT ST LUCIE FL 34952

3. Date Incorporated or Qualified

09/24/1980

3a. Date of Last Report

03/15/1994

4. FEI Number

59-2049523

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

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 reappointing)

12. OFFICERS AND DIRECTORS

TITLE DP
NAME WYNNE, JOEL F.
STREET ADDRESS 8000 S US 1, #402
CITY-ST-ZIP PT ST LUCIE FL

TITLE DS
NAME WYNNE, CHESTER C.
STREET ADDRESS 8000 S US 1, #402
CITY-ST-ZIP PT ST LUCIE FL

TITLE DY
NAME NEWMAN, HARVEY
STREET ADDRESS 8000 S US 1, #402
CITY-ST-ZIP PT ST LUCIE FL

TITLE DV
NAME WYNNE, MATTHEW L
STREET ADDRESS 8000 S. US 1, 402
CITY-ST-ZIP PT. ST. LUCIE FL

TITLE DV
NAME WYNNE, ERIC P
STREET ADDRESS 8000 S US 1, 402
CITY-ST-ZIP PT. ST. LUCIE FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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 110.07(3)(a), Florida Statutes. I further certify that the information included on this annual report or supplement thereto is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer, director or shareholder of the corporation or trustee or creditor of the corporation or a person who has knowledge of the corporation's affairs; and that my signature is not a forgery or a signature of a person who is not an authorized officer, director, shareholder, trustee or creditor of the corporation.

SIGNATURE: X

Joel F. Wynne, DP

02-03-95 407-878-5513

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 15 PM 3:07

DOCUMENT # 689364 (8)

1. Corporation Name

DOUGLAS W. HIGHTOWER D.D.S., P.A.

Principal Place of Business

5075 CARPENTER CREEK DRIVE
PENSACOLA FL 32503
US

Mailing Address

POST OFFICE BOX 407
PENSACOLA FL 32592-7407

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/26/1980

3a. Date of Last Report

02/23/1994

4. FEI Number

59-2004466

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 Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of Now Registered Agent

HIGHTOWER, DOUGLAS W
5075 CARPENTER CREEK DRIVE
PENSACOLA FL 32503

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

Corporation, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP
NAME HIGHTOWER, DOUGLAS W
STREET ADDRESS 5075 CARPENTER CREEK DR.
CITY- ST- ZIP PENSACOLA, FL 00000

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 110.07(3)(b), 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]
RIGHT TO BE HEARD BY THE NAME OF NAMING OFFICER OR DIRECTOR

02/14/95

Register Number 8