

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

01 MAY - 1 PM 9:58

DOCUMENT # L49392 (8)

1. Corporation Name

SUNDIAL INDUSTRIES, INC.

RECEIVED STATE
TREASURER, FLORIDA

Principal Place of Business

**10501 NW 50 ST #102
SUNRISE FL 33351**

Mailing Address

**10501 NW 50 ST #102
SUNRISE FL 33351**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or qualified 02/07/1990	3a. Date of last report 02/15/1994
4. ID Number 65-0194868	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. 190.032, Florida Statutes. ☒ Yes ☐ No	

2. Principal Place of Business 21	2a. Mailing Address 26
22. City & State 22	27. City & State 27
23. City & State 23	28. City & State 28
24. City & State 24	25. City & State 25
29. City & State 29	30. City & State 30

9. Name and Address of Current Registered Agent

**MATHEO, STEVEN H.
10730 NW 4 STREET
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. State	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 of Current Registered Agent)

(Signature of New Registered Agent)

(Signature of Officer or Director)

12. OFFICERS AND DIRECTORS		13. ADDITIONS CHANGE S TO OFFICERS AND DIRECTORS IN 12	
NAME	PD LUBIN, JOEL M. 10501 NW 50 ST. #102 SUNRISE FL	1. NAME	☐ Change ☐ Addition
STREET ADDRESS	VD	2. NAME	☐ Change ☐ Addition
CITY & STATE	STONE, LYNN 1835 NE 144 STREET N. MIAMI FL	3. NAME	☐ Change ☐ Addition
STREET ADDRESS	STD	4. NAME	☐ Change ☐ Addition
CITY & STATE	MATHEO, STEVEN M. 10501 NW 50 ST #102 SUNRISE FL	5. NAME	☐ Change ☐ Addition
STREET ADDRESS		6. NAME	☐ Change ☐ Addition
CITY & STATE		7. NAME	☐ Change ☐ Addition
STREET ADDRESS		8. NAME	☐ Change ☐ Addition
CITY & STATE		9. NAME	☐ Change ☐ Addition
STREET ADDRESS		10. NAME	☐ Change ☐ Addition
CITY & STATE		11. NAME	☐ Change ☐ Addition
STREET ADDRESS		12. NAME	☐ Change ☐ Addition
CITY & STATE		13. NAME	☐ Change ☐ Addition
STREET ADDRESS		14. NAME	☐ Change ☐ Addition
CITY & STATE		15. NAME	☐ Change ☐ Addition
STREET ADDRESS		16. NAME	☐ Change ☐ Addition
CITY & STATE		17. NAME	☐ Change ☐ Addition
STREET ADDRESS		18. NAME	☐ Change ☐ Addition
CITY & STATE		19. NAME	☐ Change ☐ Addition
STREET ADDRESS		20. NAME	☐ Change ☐ Addition
CITY & STATE		21. NAME	☐ Change ☐ Addition
STREET ADDRESS		22. NAME	☐ Change ☐ Addition
CITY & STATE		23. NAME	☐ Change ☐ Addition
STREET ADDRESS		24. NAME	☐ Change ☐ Addition
CITY & STATE		25. NAME	☐ Change ☐ Addition
STREET ADDRESS		26. NAME	☐ Change ☐ Addition
CITY & STATE		27. NAME	☐ Change ☐ Addition
STREET ADDRESS		28. NAME	☐ Change ☐ Addition
CITY & STATE		29. NAME	☐ Change ☐ Addition
STREET ADDRESS		30. NAME	☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption related to function under the Florida Statutes. I further certify that the information included on this annual report is not substantially altered or changed and that my signature shall have the same legal effect as if made under oath. That I am familiar with and accept the obligations of the corporation in the event of fraud or misrepresentation in this report as reported. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes, and that my name appears on Block 13 of this report as an addition with an address.

SIGNATURE:

Steven H. Matheo **STEVEN H. MATHEO**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/95 305-249-1535

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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Brenda H. McPherson
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L50230

(6)

1. Corporation Name

THE JAGGED EDGE, INC.

Principal Office Address

2150 SADLER ROAD
FERNANDINA BEACH FL 32034-4451

Mailing Address

2150 SADLER ROAD
FERNANDINA BEACH FL 32034-4451

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/09/1990

3a. Date of Last Report

04/19/1994

4. FEI Number

59-2991595

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. 193.032,
Florida Statutes. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21. State, Apt. #, etc.

26. State, Apt. #, etc.

22. City & State

27. City & State

23. City

25. County

28. City

29. County

30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MESSLER, PAMELA

530-A TARPON AVE
FERNANDINA BEACH FL 32034

1784 JACKSON CT

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 607.0602 and 607.1509, Florida Statutes, the above named corporation submits the 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 607.0506, Florida Statutes.

SIGNATURE

Terry Messler

(Signature of Registered Agent or Officer or Director)

(Signature of New Registered Agent, if applicable)

12. OFFICERS AND DIRECTORS

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

OFF

NAME

STREET ADDRESS

CITY

STATE

ZIP

DP
MESSLER, TERRY
530-A TARPON AVE
FERNANDINA BEACH FL

OFF

NAME

STREET ADDRESS

CITY

STATE

ZIP

☐ Change ☐ Addition

OFF

NAME

STREET ADDRESS

CITY

STATE

ZIP

DP
MESSLER, PAMELA
530-A TARPON AVE
FERNANDINA BEACH FL

OFF

NAME

STREET ADDRESS

CITY

STATE

ZIP

☐ Change ☐ Addition

OFF

NAME

STREET ADDRESS

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STREET ADDRESS

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OFF

NAME

STREET ADDRESS

CITY

STATE

ZIP

☐ Change ☐ Addition

SIGNATURE:

Terry Messler

(Signature of Registered Agent or Officer or Director)

4/30/95 9042776757