

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

95 JAN 18 PM 3:56

**DOCUMENT # M27970**

**(6)**

1. Corporation Name

**JERDON PRODUCTS, INC.**

Principal Place of Business

**5980 MIAMI LAKES DRIVE  
MIAMI LAKES FL 33014-9404**

Mailing Address

**5980 MIAMI LAKES DRIVE  
MIAMI LAKES FL 33014-9404**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

**02/26/1986**

3a. Date of Last Report

**01/24/1994**

4. FEI Number

**59-2640471**

Applied For

☐ Not Applicable

2. Principal Place of Business

**21**

2a. Mailing Address

**25**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22**

**27**

City & State

City & State

**23**

**28**

Zip

Country

Zip

Country

**24**

**25**

**29**

**30**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GARRETT, RICHARD G.  
1221 BRICKELL AVENUE  
SUITE 2000  
MIAMI FL 33131**

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 the corporation

(NOTE: Registered Agent signature required when incorporating)

(11/87)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                |                        |
|----------------|------------------------|
| TITLE          | VD                     |
| NAME           | FRIEDSON, DAVID M.     |
| STREET ADDRESS | 5980 MIAMI LAKES DRIVE |
| CITY, ST, ZIP  | MIAMI LAKES FL         |
| TITLE          | VD                     |
| NAME           | HONIG, BURTON A.       |
| STREET ADDRESS | 5980 MIAMI LAKES DRIVE |
| CITY, ST, ZIP  | MIAMI LAKES FL         |
| TITLE          | AS                     |
| NAME           | LEDBETTER, JOANN       |
| STREET ADDRESS | 5980 MIAMI LAKES DRIVE |
| CITY, ST, ZIP  | MIAMI LAKES FL         |
| TITLE          | VD                     |
| NAME           | THALER, ARNOLD         |
| STREET ADDRESS | 5980 MIAMI LAKES DRIVE |
| CITY, ST, ZIP  | MIAMI LAKES FL         |
| TITLE          | PD                     |
| NAME           | GARMAN, JERALD D.      |
| STREET ADDRESS | 1810 N. GLENVILLE      |
| CITY, ST, ZIP  | RICHARDSON TX          |
| TITLE          | T                      |
| NAME           | REID, JOE              |
| STREET ADDRESS | 5980 MIAMI LAKES DRIVE |
| CITY, ST, ZIP  | MIAMI LAKES FL         |

|                   |                                                                   |
|-------------------|-------------------------------------------------------------------|
| 11 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME           |                                                                   |
| 13 STREET ADDRESS |                                                                   |
| 14 CITY, ST, ZIP  |                                                                   |
| 21 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME           |                                                                   |
| 23 STREET ADDRESS |                                                                   |
| 24 CITY, ST, ZIP  |                                                                   |
| 31 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME           |                                                                   |
| 33 STREET ADDRESS |                                                                   |
| 34 CITY, ST, ZIP  |                                                                   |
| 41 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME           |                                                                   |
| 43 STREET ADDRESS |                                                                   |
| 44 CITY, ST, ZIP  |                                                                   |
| 51 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME           |                                                                   |
| 53 STREET ADDRESS |                                                                   |
| 54 CITY, ST, ZIP  |                                                                   |
| 61 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME           |                                                                   |
| 63 STREET ADDRESS |                                                                   |
| 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 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:

*John Heinlein*

**JOHN HEINLEIN, SECRETARY**

**1-13-95 (3:5) 362-2611**

(Signature typed or printed name of signing officer or director)

Date

(Signature typed or printed name of signing officer or director)

Attachment - Jerdon Products, Inc.

Block 13.     V  
              Schulman, Harry D.  
              5980 Miami Lakes Dr.  
              Miami Lakes, Fl. 33014

              V  
              Garrett, Barbara Friedson  
              5980 Miami Lakes Dr.  
              Miami Lakes, Fl. 33014

              S  
              Heinlein, John A.  
              5980 Miami Lakes Dr.  
              Miami Lakes, Fl. 33014