


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # F92821 (0)
 Corporation Name
JUDY'S OF TALLAHASSEE, INC.



Principal Place of Business 1135 APALACHEE PKWY TALLAHASSEE FL 32301 US	Mailing Address 1135 APALACHEE PKWY TALLAHASSEE FL 32301 US
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 7734 HOLSTEINER LN Suite, Apt. #, etc. 22 TALLAHASSEE FL City & State 23 32308 Zip 24 LEON Country		2a. Mailing Address 27 7734 HOLSTEINER LN Suite, Apt. #, etc. 28 TALLAHASSEE FL City & State 29 32308 Zip 30 LEON Country		3. Date Incorporated or Qualified 08/02/1982	4. FEI Number 59-2220014	Applied For Not Applicable
6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent
MICK, JUDITH A.
1135 APALACHEE PKWY.
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name JUDITH A MICK
82 Street Address (P.O. Box Number is Not Acceptable) 7734 HOLSTEINER LN
83 City TALLAHASSEE FL
84 Zip Code 32308
85 State FL

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 **JUDITH A MICK** *Judith A. Mick, Pres.* **4/20/98**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PVD	<input type="checkbox"/> DELETE
NAME	MICK, JUDITH A	
STREET ADDRESS	7734 HOLSTEINER LANE	
CITY - ST - ZIP	TALLAHASSEE FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	MICK, JUDITH A.	
STREET ADDRESS	7734 HOLSTEINER LANE	
CITY - ST - ZIP	TALLAHASSEE FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	STEWART, KAREN	
STREET ADDRESS	8024 MALLARD HILL LANE	
CITY - ST - ZIP	TALLAHASSEE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I hereby certify that the information supplied with this filing 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: **Judith A. Mick** *Judith A. Mick* **4/20/98** **894-2776**

CF2E034 (10/97)