

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
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -2 PM 3:13

DOCUMENT # J87097 (8)

1. Corporation Name

JUDY H. III, INC.

Principal Place of Business

Mailing Address

~~VINCENT B. HABER~~
1148 GRANADA ST
FT. PIERCE FL 34949

~~VINCENT B. HABER~~
1148 GRANADA ST
FT. PIERCE FL 34949

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/07/1987

3a. Date of Last Report

05/19/1994

4. FEI Number

59-2838240

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

21. GINA C DUNN

Suite, Apt. #, etc.

22. 5807 Killarney ave

City & State

23. Ft. Pierce, FL

Zip

24. 34951

Country

25. St. Lucie

2a. Mailing Address

26. % GINA C DUNN

Suite, Apt. #, etc.

27. 5807 Killarney ave

City & State

28. Ft. Pierce, FL

Zip

29. 34951

Country

30. St. Lucie

9. Name and Address of Current Registered Agent

HABER, ZELDA
1148 GRANADA ST
FT. PIERCE FL 33449

10. Name and Address of New Registered Agent

81. Name

GINA DUNN

82. Street Address (P.O. Box Number is Not Acceptable)

5807 Killarney ave.

83.

84. City

Ft. Pierce

FL

85. Zip Code

34951

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

Gina C Dunn

(Signature, typed or printed name of registered agent and title acceptable)

(NOTE: Registered Agent signature required when reinstating)

JAN - 29 1995

DATE

12. OFFICERS AND DIRECTORS

TITLE

VPD

NAME

HABER, VINCENT M.

STREET ADDRESS

401 EXEC. CTR. T-203

CITY - ST - ZIP

WEST PALM BCH FL

TITLE

DP

NAME

HABER, ZELDA

STREET ADDRESS

1148 GRANADA ST

CITY - ST - ZIP

FT. PIERCE FL

TITLE

SD

NAME

HABER, DAVID J.

STREET ADDRESS

10820 KERNS ROAD

CITY - ST - ZIP

HUNTERVILLE SC

TITLE

JD

NAME

FLERNARD, JUDITH H.

STREET ADDRESS

228 S. BARRETT AVENUE

CITY - ST - ZIP

AUDUBON NH

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

VOID - GONE

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

VOID - GONE

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

VOID - GONE

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

D/P/VP/SIT
FLEARNARD JUDITH H.
228 S. BARRETT AVE
AUDUBON, N.J. 08106

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 within 60 days.

SIGNATURE:

Judith H. Flearnard

(Date)

(Typed Name)

1-29-95 609-546-1637