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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 224855

MAX JUDY AND ASSOCIATES, INC.

FILED Feb 17 1997 8:00am Secretary of State

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Principal Place of Business 300 E HIGHWAY 50 P.O. BOX 121107 CLERMONT FL 34712		Mailing Address 300 E HIGHWAY 50 P.O. BOX 121107	-		\$ 1901/9 1(BID (181) 8500) 80/D) 8/(1 BIB)/ B/(8/ B/(8/) BIB)/ BIB)/ BIB)/ BIB)/ BIB)/			
					3. Date Incorporated or Qualified			
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number 59-0867882		Applied For Not Applicable	
Suite, Apt	#, etc	Suite, Apt. #, etc.			Certificate of Status Desired		5 Additional	
City & State		City & State		6. Election Campaign Financing		\$5.00 May Be		
23 Zip	Country	28	Cou	oto	Trust Fund Contribution		led to Fees	
Zip 24 *	25	21p	30	ille y	This corporation has liability for I Florida Statutes	ntangible tax und Nes 🔲 No	er s . 199.032,	
[4]	9. Name and Address of Curre		1301		10. Name and Address of New Re			
300	Y, CAROLE EAST HIGHWAY 50			81 Name - 82 Street Add	Tony Hubbard ress (P.O. Box Number is Not Acceptab	le)		
CLE	RMONT FL 34711			B3	300 E. HWY 50		······································	
				84 City	alanish	85	Zip Code	
44 5	to the second se	00 and 007 1600 Fladda Ota	tutes the s	l l	poration submits this statement for the p tion's board of directors. I hereby accep	FL o	<u>4711</u>	
agent. La SIGNATURE	m familiar with and accept the obli- Signature, typed or punied name of registered a	garons of Section 607.0505, general title if applicable (h	Florida Stat	utes. I Agent signature requi		DATE		
12. Title	DIFFICERS A	ND DIRECTORS DELETE	13.	ne -	ADDITIONS/CHANGES TO OFFIC	Char		
NAME (TONY D HUBBARD		1.2 N				.0 - ham	
STREET ADORESS	300 E HWY 50		1.3 \$1	REET ADDRESS				
CITY-ST-ZIP	CLERMONT FL		1.4 C	TY-ST-ZIP				
TITLE	VP	DELETE	2.1 TI	i		Chai	nge 🔲 Additio	
Name	OAREY JUDY-HUBBARD (CAREY)	2.2 N	1				
STREET ADDRESS	CLERMONT FL			REET AODRESS				
CITY-ST-ZIP TITLE	STD	☐ DELETE	2. 4 U			Cha	nge Addition	
NAME	HUBBARD, CAREY		3.2 N	ME		:		
STREET ADDRESS	11449 NELLIE OAK BEND		3.3 \$	REET ADDRESS				
CITY-ST-ZIP	CLERMONT FL			ITY-ST-ZIP				
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NAME			4.21					
STREET ADDRESS CITY+S1-ZIP				TREET ADDRESS TY-ST-ZIP				
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NAME			52 N	AME				
STREET ADDRESS			538	reet address				
CITY+ST-7IP				TY-ST-ZIP				
TITLE		☐ DELETE	61 T			Cha	nge L Additio	
NAME			62 N					
STREET ADDRESS				THEET ADDRESS				
CITY-S1-Z-P	L	and with this filing does not as		TY-ST-ZIP	of in Contine 110 07/2V/) Florida Statuta	n I further north.	that tha	

I do 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 changes or on an attachment with an address.

SIGNATURE: