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**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 299724

(5)

NORMAN P. JUDD, INC.

FILED
Apr 28 1997 8:00am
Secretary of State



12/14/1965       Q3/14/1996         2. Principal Place of Business       28. Mailing Address       4. FEI Number       Applied For Suite. Apr. # etc.         Suite. Apr. #, etc.       Suite, Apr. #, etc.       5. Certificate of Status Desired       \$8.75 Additional Fee Required         City & State       City & State       6. Election Campaign Financing Trust Fund Contribution       \$5.00 May Be Added to Fees	Principal Place of Business Mailing Address  205 AVE. G S.W.  P.O. DRAWER 1460 P.O. DRAWER 1460  WINTER HAVEN FL 33882-1460 US  US							3. Date Incorporated or Qualified 30. Date of Last Report			
21 25 Suite, Apt. #, etc.	05			05				3. Date Incorporated or Qualified 12/14/1965			
Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State  City & State  Zip  Country  Zip  Country  Zip  Country  Sign and Address of Current Registered Agent  MARSHALL, LARRY G. 205 AVE. G. S.W. WINTER HAVEN FL 33880  Site, Apt. #, etc.  Suite, Apt. #, etc.  Source	<del>_</del>			F				1	Applied For Not Applicable		
City & State  City & State  28  City & State  28  City & State  28  Country  Country  Zip  Country  29  30  Country  8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes  Plorida Statutes  Name and Address of Current Registered Agent  MARSHALL, LARRY G.  205 AVE. G. S.W.  WINTER HAVEN FL 33880  City & State  Country  Sountry  Sountry	Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Cardificate of Status Desired			
Zip   Country   Zip   Country   8. This corporation has liability for intangible tax under s. 199.032     24	City & State			City & State			1-M-1-M-1	, , , , , , , , , , , , , , , , , , , ,			
9, Name and Address of Current Registered Agent  MARSHALL, LARRY G.  205 AVE. G. S.W.  WINTER HAVEN FL 33880  10, Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)	Zip	Country Zip			···			8. This corporation has liability for intangible tax under s. 199.032,			
MARSHALL, LARRY G. 205 AVE. G. S.W. WINTER HAVEN FL 33880  81 Name  82 Street Address (P.O. Box Number is Not Acceptable)	<u> </u>				130		·				
205 AVE. G. S.W. WINTER HAVEN FL 33880  Street Address (P.O. Box Number is Not Acceptable)	MAC				1	31 N	Name			<u>-,-</u>	
	205	AVE. G. S.W.	000		1	92 5	Street Addre	ess (P.O. Box Number is Not Acceptab	le)		<del></del>
	WINTER HAVEN FL 33880				Ī	B3					
84 City FL 85 Zip Code					1	34 (	City		FL	<b>85</b> Zip	Code
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 registere agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature: typical or printed name of registered agent and title if applicable.  (NOTE: Registered Agent signature required when reinstaing)  DATE  12. OFFICERS AND DIRECTORS IN 12	agent Le SIGNATURE	am familiar with, and .	accept the obligations	of, Section 607.0505, little if applicable (N	Florida Statu OTE Registered	tes.		d when reinstating)	DATE		
		1 <b>DN</b>	OFFICENS AND DIN			<u> </u>	<del></del>	ADDITIONS/CHANGES TO OFFIC			Addition
NAME MARSHALL, LARRY G. 1.2 NAME		1 . •	RY G	□ prittir					,	onengo	L Addition
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				DELETE			cir			Change	Addition
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STREET ADDRESS 205 AVE G SW 2.3 STREET ADDRESS	STREET ADDRESS				2.3 STR	EET ADI	IDRESS				
CITY ST-7/P WINTE HAVEN FL 2.4 CITY-ST-7/P	CITY - ST - 7IP	WINTE HAVEN F	L		2. 4 CIT	Y-ST-	ZIP	·			
	THILF			☐ DELETE	3.1 TITL	E				Change	Addition
NAME HAINES, REBECCA J. 32 NAME	NAME				3.2 NAA	ÆΕ					
STREET ADDRESS 205 AVE. G. S.W. 3.3 STREET ADDRESS					3.3 STR	EET ADI	ORESS				
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CITY-S1-ZIP 64 CITY-S1-ZIP	TITLE NAME			☐ DELETE	6.1 TITL 6.2 NAM	.E Æ				Change	Addition

14. Too 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:

SIGNATURE AND TYPED OF PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

0395271