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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 299724

1. Corporation Name

NUHIVIAI	N P. JUDD, INC.	•							
Data de al Diago	of Division	Mailing Address				, 40151 10010 Highs Dide Dide	il Albii Dibii bieli ai	.Bil Bibil ibbi	
205 AVE. G S.W. 205 AVE. G S.W. P.O. DRAWER 1460 P.O. DRAWER 1460									
WINTER HAVEN FL 33882-1460 WINTER HAVEN FL 33882-14			60		DC	DO NOT WRITE IN THIS SPACE			
US US					3. Date Incorporated of	3. Date Incorporated or Qualifed			
					12/14/1965				
Principal Place of Business 2a. Mailing Address					4. FEI Number		App	olied For	
21 26					59-1110943		Not	Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certifcate of Status	Desired	\$8.75 A		
27					5. Certificate of Status	Desired L.	Fee Red	quired	
City & State City & State					6. Election Campaign	Financing	\$5.00 7	May Be	
28					Trust Fund Contribe	ution	Added to	Fees	
Zip				'	8. This corporation ow	es the current year l		_	
24	25	29 3	10		Personal Property			□No	
	9. Name and Address of Curre	ent Registered Agent		,	10. Name and Addres	s of New Registere	d Agent		
			81	Nam	е				
MARSHALL, LARRY G.			82	Stree	et Address (P.O. Box Number is I	Not Acceptable)			
205 AVE. G. S.W.			L			<u> </u>			
WINTER HAVEN FL 33880			83						
	•		84	City			. 85 Zip C	ode	
			04	City		F			
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.								registered jistered	
SIGNATURE	·					DATE			
organization, typical or printed			13.	nt signatui	e required when reinstating) ADDITIONS/CHANG		AND DIRECTO!	RS IN 12	
12.	PD OFFICERS A			· · · · · · · · · · · · · · · · · · ·	ADDITIONO/OFFARE	LO TO OTT TOLINO	Change	Addition	
TITLE	• •		1.1 TITLE 1.2 NAME						
NAME	MARSHALL, LARRY G.								
STREET ADDRESS	205 AVE. G. S.W.	`h		TADDRES	8				
CITY-ST-ZIP	WINTER HAVEN FL	☐ DELETE	1.4 CITY-S	ST-ZIP			Change	Addition	
TITLÉ	VD	□ beceie	2.1 TITLE						
NAME	CARROLL, ADELAIDE								
STREET ADDRESS			2.3 STREE		S				
CITY-ST-ZIP	WINTE HAVEN FL			ST-ZIP	 		Change	Addition	
TITLE	STD	DELETE 3.1 TIT					☐ Citaligo	[
NAME	HAINES, REBECCA J.		3.2 NAME						
STREET ADDRESS	205 AVE. G. S.W.		3.3 STREE	TADDRES	SS				
CITY-ST-ZIP	WINTER HAVEN FL		3.4. CITY-5	ST-ZIP			Change	Addition	
TITLE	•	☐ DELETE	4.1 TITLE				☐ Change	Addition	
NAME			4.2 NAME						
STREET ADDRESS			4.3 STREE	TADDRES	38				
CITY-ST-ZIP			4.4 CITY-S	T-ZIP					
TITLE		☐ DELETE	5.1 TITLE				Change	☐ Addition	
NAME			5.2 NAME					i	
STREET ADDRESS			5.3 STREE		SS			ł	
CITY-ST-ZIP			5.4 CITY-5	ST-ZIP				C	
TITLE							☐ Change	Addition	
NAME	<i>ε</i> ,		6.2 NAME						

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 attactive with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE

STREET ADDRESS

CITY-ST-ZIP".