

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Worthington  
Secretary of State  
DIVISION OF CORPORATIONS

**APPROVED  
AND  
FILED**

**95 MAY -1 AM 8:54**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**DOCUMENT # 686987 (9)**

1. Corporation Name

**THE JUDSON CORPORATION**

Principal Place of Business

**500 BAL HARBOR BLVD.  
PUNTA GORDA FL 33950**

Mailing Address

**500 BAL HARBOR BLVD.  
PUNTA GORDA FL 33950**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

**09/01/1980**

3a. Date of Last Report

**04/19/1994**

4. FEI Number

**59-2029048**

Applied For

Not Applicable

2. Principal Place of Business

**21**

Suite, Apt. #, etc.

**22**

City & State

**23**

Zip

Country

**24**

**25**

2a. Mailing Address

**26**

Suite, Apt. #, etc.

**27**

City & State

**28**

Zip

Country

**29**

**30**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MOORE, JAMES E., III  
324 CROSS STREET  
PUNTA GORDA FL 33950**

81 Name

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

83

84 City

**FL**

85 Zip Code

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

*W. E. Moore III*  
Signature, typed or printed name of registered agent and the corporation.

(NOTE: Registered Agent signature required when reappointing)

DATE

**4/28/95**

12. OFFICERS AND DIRECTORS

|                 |                       |
|-----------------|-----------------------|
| TITLE           | V                     |
| NAME            | GRAHAM, CAROL ANNE    |
| STREET ADDRESS  | 500 BAL HARBOR BLVD   |
| CITY - ST - ZIP | PUNTA GORDA FL        |
| TITLE           | ST                    |
| NAME            | GRAHAM, CAROL F       |
| STREET ADDRESS  | 500 BAL HARBOR BLVD   |
| CITY - ST - ZIP | PUNTA GORDA FL        |
| TITLE           | P                     |
| NAME            | GRAHAM, WILLIAM A, JR |
| STREET ADDRESS  | 500 BAL HARBOR BLVD   |
| CITY - ST - ZIP | PUNTA GORDA FL        |
| TITLE           | V                     |
| NAME            | GRAHAM, WILLIAM G     |
| STREET ADDRESS  | 500 BAL HARBOR BLVD   |
| CITY - ST - ZIP | PUNTA GORDA FL        |
| 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           | <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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, 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 in changed, or new, character with an address.

SIGNATURE:

*W. E. Moore III*  
Signature and typed or printed name of officer or director

**4/28/95**

**813-639-2788**