

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

DOCUMENT # **G23341** (2)

1. Corporation Name  
**JUDY GROVE, INC.**

1995 MAR 22 AM 9:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>1905 E. PALM STREET P.O. BOX 1467 DAVENPORT FL 33837</b>	Mailing Address <b>1905 E. PALM STREET P.O. BOX 1467 DAVENPORT FL 33837</b>
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3. Date Incorporated or Qualified <b>02/09/1983</b>	3a. Date of Last Report <b>01/21/1994</b>
4. FEI Number <b>59-2292513</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country
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9. Name and Address of Current Registered Agent

**JUDY, ROGER  
P.O. BOX 1467  
1905 E PALM ST.  
DAVENPORT FL 33837**

10. Name and Address of New Registered Agent

B1 Name	B2 Street Address (P.O. Box Number is Not Acceptable)	B3	B4 City	B5 Zip Code
			<b>FL</b>	

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

Signature, typed or printed name of registered agent and title if applicable

(If 31E, Registered Agent signature required when "resubmitted")

(DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP JUDY, ROGER 1905 E PALM ST. DAVENPORT, FL 00000	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>300001437303 -03/23/95--01012--010 ****200.00 ****200.00</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST JUDY, LILLIE H. 302 E MAPLE ST. DAVENPORT FL	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>vice President Frank B. Judy</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>P.O. Box 1800/202 E. Bay St. DAVENPORT FL 33837</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>DA 3-22</b>

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 1101.07(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 with an address.

SIGNATURE: *Roger Judy* **Roger Judy**  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

**3-16-95 1(843)**  
**2-20-95 1(22:3769)**  
Date (Month/Day/Year)

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APPROVED AND FILED  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

CORPORATION  
 ANNUAL REPORT  
 1995



FLORIDA DEPARTMENT OF STATE  
 2001 Sevier  
 Two McKay of State  
 Tallahassee, Florida 32304-0001

1. Corporation Name: **SAGR. INC.**  
 DOCUMENT # **G40071 (4)**

Mailing Address: **% CONSTANTINE J. RIGAS, 4031 GULF SHORE BLVD., PHIE, NAPLES FL 33940**

1000011441711  
 -03/28/95--01092--011  
 \*\*\*\*200.00 \*\*\*\*200.00

DO NOT WRITE IN THIS SPACE

2. Mailing Address: **21**  
 2a. Principal Place of Business: **26**  
 22. City & State: **27**  
 23. Zip: **24** Country: **25**  
 29. Zip: **30** Country: **30**

3. Date Incorporated or Qualified: **05/16/1983**  
 3a. Date of Last Report: **03/23/1993**  
 4. FEI Number: **59-2294864**  
 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**  
 6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**  
 7. Nonprofit Exempt from \$138.75 Supplemental Fee:   
 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent:  
**RIGAS, CONSTANTINE J  
 4031 GULF SHORE BL PH 1E  
 NAPLES FL 33940**

10. Name and Address of New Registered Agent:  
 81. Name:  
 82. Street Address (P.O. Box Number is Not Acceptable):  
 83. City:  
 84. City: **FL** 85. Zip Code:

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

1.1 TITLE	P/D
1.2 NAME	RIGAS, CONSTANTINE J
1.3 STREET ADDRESS	4031 GULF SHORE BL PH 1E
1.4 CITY, ST, ZIP	NAPLES FL
2.1 TITLE	S/D
2.2 NAME	RIGAS, RHEBA V
2.3 STREET ADDRESS	4031 GULF SHORE BL PH 1E
2.4 CITY, ST, ZIP	NAPLES FL
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY, ST, ZIP	

13. CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP	
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY, ST, ZIP	

3/24/95 MSF

14. I do hereby certify that the information supplied with this filing is a true and correct statement and is correct equally for the description stated in Section 119.07, Florida Statutes. I declare the Director of Corporations from any liability of any nature whatsoever with respect to the information supplied as shown except for any public use. I further certify that the information indicated on this annual report is a true and correct statement and that my signature shall have the same legal effect as if made under oath. I have fulfilled all obligations concerning this report as required by Chapter 117, Florida Statutes, that I am an officer or director of the corporation or the owner or trader empowered to execute this report as required by Chapter 117, Florida Statutes, and that my name appears in Block 12 or Block 13 of a changed or original report with an address.

SIGNATURE: \_\_\_\_\_  
 SIGNATURE MUST BE PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 3/24/95  
 607 277-1007