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**Feb 18 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # G23341 (2)

1. Corporation Name
JUDY GROVE, INC.



Principal Place of Business: P.O. BOX 1467, 1905 E. PALM ST., DAVENPORT FL 33839 US
Mailing Address: P.O. BOX 1467, P.O. BOX 1467, DAVENPORT FL 33836-1467 US

3. Date Incorporated or Qualified: **02/09/1983**
3a. Date of Last Report: **01/22/1996**
4. FEI Number: **59-2202513**
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

2. Principal Place of Business: 21 **1905 E Palm St**, Suite, Apt. #, etc.
22 **Davenport FL**, City & State
23 **33836**, Zip
24 **USA**, Country
25
26 **P.O. Box 1467**, Suite, Apt. #, etc.
27 **Davenport FL**, City & State
28 **33836**, Zip
29 **USA**, Country
30

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
81 Name: **None**
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: **Roger Judy** (Typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when re-instating)
DATE: **2-05-97**

12. OFFICERS AND DIRECTORS		DELETE
TITLE	DP	<input type="checkbox"/>
NAME	JUDY, ROGER	
STREET ADDRESS	1905 E PALM ST.	
CITY - ST - ZIP	DAVENPORT, FL 00000	
TITLE	ST	<input type="checkbox"/>
NAME	JUDY, LILLIE H.	
STREET ADDRESS	302 E MAPLE ST.	
CITY - ST - ZIP	DAVENPORT FL	
TITLE	V	<input type="checkbox"/>
NAME	JUDY, FRANK B	
STREET ADDRESS	202 E. BAY ST.	
CITY - ST - ZIP	DAVENPORT FL 33837	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY - ST - ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY - ST - ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY - ST - ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY - ST - ZIP			

14. 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 changed, or on an attachment with an address.

SIGNATURE: **Roger Judy** (Typed or printed name of signing officer or director) DATE: **2-05-97** DAYLINE PHONE #: **941-421--**

CR2E034 (9/96)