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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

FILED

Jan 27, 1999 8:00am

Secretary of State

01-27-1999 90009 035 ***150.00

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G23341 1. Corporation Name

CITY-ST-ZIP

JUDY GROVE, INC.

Principal Place	e of Business	Mailing Address				i Stait Otoli Otoli i		
		PO BOX 1467						
1905 E PALM ST 1905 E. PALM ST.		P.O. BOX 1467	* * ·					
DAVENPORT FL 33836		DAVENPORT FL 33836			DO NOT WRITE IN THIS SPACE			
US		US		3. Date Incorporated or Qualifed				
			,		02/09/1983			
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Ap	plied For	
- , , , , , , , , , , , , , , , , , , ,		26			59-2292513	No	t Applicable	
Suite, Apt.	# etc	Suite, Apt. #, etc.				\$8.75	Additional	
	<i>π</i> , 6ιο.	27	٠.		5. Certificate of Status Desired	Fee Re	equired	
City & Stat	<u> </u>	City & State		•	6. Election Campaign Financing	\$5.00	May Bo	
City & Stat	re i	28			Trust Fund Contribution	Added t	· · · · · · · · · · · · · · · · · · ·	
23		Zip	Countr	·	8. This corporation owes the current year I			
Zip	Country	⊢ '		,	Personal Property Tax.	Yes	□No	
24	25	29	30		10. Name and Address of New Registere			
	9. Name and Address of Curr		81	Name	10. Name and Address of Non Ingisters	z rigo		
	Y, ROGER	• •	"	, Maille		<u> </u>		
	BOX 1467		82	2 Street Add	dress (P.O. Box Number is Not Acceptable)	·	,	
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•	5 E PALM ST.		83	3				
DAV	ENPORT FL 33837		84	4 City			Code	
•			"	City	F			
office or r	registered agent, or both, in the Sta am familiar with, and accept the obli	te of Florida. Such change was a	authonzed by	v tne corpora	rporation submits this statement for the purpose tion's board of directors. I hereby accept the app	ointment as re	gistered	
Office of r DA ragent I a SSIGNATURE	registered agent, or both, in the Sta am familiar with, and accept the obli Signature, typed or printed name of registered a	te of Florida. Such change was a gations of, Section 607.0505, Florida in the dispellicable. (NOTI	authorized by orida Statute E: Registered Age	y the corpora s.	ired when reinstating). DATE	Official as re		
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6.4 CITY-ST-ZIP

14. 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 attachment with an address, with all other like empowered.