

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

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # J63562 (9)

1. Corporation Name

JUDD TILE COMPANY, INC.

Principal Place of Business

Mailing Address

% DEREK R. JUDD
6 TEAK COURT
OCALA FL 32672

% DEREK R. JUDD
6 TEAK COURT
OCALA FL 32672

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/25/1987

3a. Date of Last Report

09/02/1994

4. FEI Number

59-2805273

Applied For

Not Applicable

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

2a. Mailing Address

21 **Derek R Judd**

26 **Derek R Judd**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **5121 SE 38 ST.**

27 **5121 SE 38 ST**

City & State

City & State

23 **Ocala FL**

28 **Ocala FL**

Zip

Country

Zip

Country

24 **34480**

25 **USA**

29 **34480**

30 **U.S.A.**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JUDD, DEREK R.
5121 SE 38 ST
OCALA FL 34480**

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

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

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	JUDD, DEREK R.
STREET ADDRESS	5121 SE 38 ST
CITY - ST - ZIP	OCALA FL 34480
TITLE	DV
NAME	JUDD, MILLARD R
STREET ADDRESS	2704 NE 1ST AVE
CITY - ST - ZIP	OCALA FL
TITLE	V
NAME	JUDD, MILLARD R III
STREET ADDRESS	14348 NE 53 CT RD
CITY - ST - ZIP	CITRA FL
TITLE	ST
NAME	JUDD, KEITH
STREET ADDRESS	5834 E CTY RD 316
CITY - ST - ZIP	CITRA 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	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ 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 110.07(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Derek R Judd DEREK R. Judd

4/3/95 904 624 2204