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Feb 11 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 # J87097

(8)

1. Corporation Name
JUDY H. III, INC.



Principal Place of Business

DUNN, GINA C.
5807 KILLARNEY AVE
FT. PIERCE FL 34951
US

Mailing Address

% DUNN, GINA C
5807 KILLARNEY AVE
FT. PIERCE FL 34951-1888
US

3. Date Incorporated or Qualified
08/07/1987

3a. Date of Last Report
02/20/1996

4. FEI Number
59-2838240

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

21 DUNN, GINA C

2a. Mailing Address

26 DUNN, GINA C

Suite, Apt. #, etc.

22 5307 DEER RUN DR.

Suite, Apt. #, etc.

27 5307 DEER RUN DR.

City & State

23 Fort Pierce FL.

City & State

28 Fort Pierce FL.

Zip

24 34951

Country

25 St. Lucie

Zip

29 34951

Country

30 St. Lucie

9. Name and Address of Current Registered Agent

DUNN, GINA
5807 KILLARNEY AVE.
FT. PIERCE FL 34951

ADDRESS change

10. Name and Address of New Registered Agent

81 Name

DUNN, GINA

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

5307 DEER RUN DR.

83

Fort Pierce

84 City

FL

85

Zip Code
34951

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DPVS ☐ DELETE
NAME FLENARD, JUDITH H.
STREET ADDRESS 228 S. BARRETT AVE
CITY-ST-ZIP AUDUBON N.

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Judith H. Flenard

2-1-97 561464 0856

CR2E034 (9/96)