

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 7:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M74165**

(5)

1. Corporation Name

JUDITH C. CARLSON, C.P.A., P.A.

Principal Place of Business

Mailing Address

% **JUDITH C. CARLSON**
1812 NW 36 CT
OAKLAND PARK FL 33309

% **JUDITH C. CARLSON**
1812 NW 36 CT
OAKLAND PARK FL 33309

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/29/1988

3a. Date of Last Report
05/01/1994

4. FEI Number
59-2871845

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 § 194.03?
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.
22

26. Suite, Apt. #, etc.
27

23. City & State

28. City & State

24. Zip
25. Country

29. Zip
30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CARLSON, JUDITH C.
1812 NW 36 CT
OAKLAND PARK FL 33309

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 of Registered Agent (must be signed by the agent)

Signature of Registered Agent (must be signed by the agent)

Signature of Registered Agent (must be signed by the agent)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	CARLSON, JUDITH C.
STREET ADDRESS	1812 NW 36 CT
CITY & ZIP	OAKLAND PARK FL
TITLE	
NAME	
STREET ADDRESS	
CITY & ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY & ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY & ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY & ZIP	

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY & ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY & ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY & ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY & ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY & ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 193 (2)(b), Florida Statutes. I further certify that the information included in 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 report appears in Block 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE:

Judith C. Carlson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JUDITH C. CARLSON

1-7-95

305-484-7792