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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name P94000068087 (3)

JUD'S TRUCK, AUTO & R.V. REPAIR, INC.

FILED Mar 25 1998 8:00am Secretary of State

Principal Place of Business
VENICE FL 34292 VENICE
VENICE FL 34292 VENICE
2. Principal Place of Business 2. Mailing Address 2. Mailing Address 2. Principal Place of Business 2. Mailing Address 3. Date Incorporated or Qualified 09/15/1994 4. FEI Number 59-2642756 Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. 27 5. Certificate of Status Desired
2. Principal Place of Business 2. Mailing Address 3. FEI Number 59-2642756 59-2642756 50. Not Applicable Sulte, Apt. #, etc. Sulte, Apt. #, etc. 22 23 26 27 28 27 28 28 28 27 28 29 20 27 20 20 20 21 20 20 20 20 20 20 20 20 20 20 20 20 20
2. Principal Place of Business 2. Mailing Address 2. Mailing Address 3. Let Number Sp-2642756
Sulfe, Apt. #, etc. Sulfe,
Suite, Apl. #, etc. 27 City & State 28 City & State 29 Country 29 Country 29 Country 29 Country 29 Country 29 30 Country 30 Country 40 29 Country 40 20 Country 40 20 Country 40 20 Country 40 Countr
City & State Country Added to Fees Required \$5.00 May Be Trust Fund Contribution Added to Fees No. Replace of Personal Property Tax due June 30.
Trust Fund Contribution
Zip Country Zip Country Zip Country Sip Solutions of Current Registered Agent Street Address of Current Registered Agent 10. Name and Address of New Registered Agent No. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) REENAN, JOANNE 875 U.S. 41 BYPASS S. VENICE FL FL342-92 83
Personal Property Tax due June 30. Yes No. 9. Name and Address of Current Registered Agent KEENAN, JOANNE 875 U.S. 41 BYPASS S. VENICE FL FL342-92 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 VENICE FL FL342-92 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 purited fame of registered agent and titled applicable (NOTE Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 1. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE D Change Addition NAME KEENAN, JOANNE SIRRET ADDRESS 875 U.S. 41 BYPASS S. 1.3 STREET ADDRESS CITY-ST-ZIP VENICE FL 34292 1.4 CITY-ST-ZIP
Name and Address of Current Registered Agent 10, Name and Address of New Registered Agent
KEENAN, JOANNE 875 U.S. 41 BYPASS S. VENICE FL FL342-92 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE NAME KEENAN, JOANNE STREET ADDRESS 675 U.S. 41 BYPASS S. 1.3 STREET ADDRESS CITY-ST-7IP VENICE FL 34292 1.4 City-ST-2IP
875 U.S. 41 BYPASS S. VENICE FL FL342-92 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 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 purited name of registered agent and title if applicable. NAME KEENAN, JOANNE 1.1 TITLE Delete 1.1 TITLE Change Addition KEENAN, JOANNE 1.3 STREET ADDRESS CITY-ST-ZIP VENICE FL 34292 1.4 CITY-ST-ZIP
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TITLE D DELETE 1.1 TITLE Change Addition NAME KEENAN, JOANNE 1.2 NAME STREET ADDRESS 875 U.S. 41 BYPASS S. 1.3 STREET ADDRESS CITY-ST-ZIP VENICE FL 34292 1.4 CITY-ST-ZIP
NAME KEENAN, JOANNE 1.2 NAME STREET ADDRESS 875 U.S. 41 BYPASS S. 1.3 STREET ADDRESS CITY-ST-ZIP VENICE FL 34292 1.4 CITY-ST-ZIP
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CITY-ST-ZIP VENICE FL 34292 1.4 CITY-ST-ZIP
TITLE DELETE
NAME 22 NAME
STREET ADDRESS 23 STREET ADDRESS
CITY-ST-ZIP 2 4 CITY-ST-ZIP
TITLE DELETE 3.1 TITLE Change Addition
NAME 3.2 NAME
STREET ADDRESS 3.3 STREET ADDRESS
CITY-ST-ZIP 3.4. CITY-ST-ZIP
TITLE DELETE 4.1 TITLE Change Addition
NAME 4.2 NAME
STREET ADDRESS 4.3 STREET ADDRESS
CITY-ST-ZIP 4.4 CITY-ST-ZIP
TITLE L.] DELETE 5.1 TITLE L.] Change L.] Addition
NAME 5.2 NAME
STREET ADDRESS 5.3 STREET ADDRESS
CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition
NAME 62 NAME
STREET ADDRESS 63 STREET ADDRESS
CITY-ST-ZIP 64 CITY-ST-ZIP

14. Thereby 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 trusted 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