

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 17 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000044776 (9)

1. Corporation Name

JUDY POLSTRA, INC.

Principal Place of Business

9481 HIGHLAND OAK DRIVE STE 506
TAMPA FL 33647

Mailing Address

9481 HIGHLAND OAK DRIVE STE 506
TAMPA FL 33647-2516

3. Date Incorporated or Qualified
06/02/1995

3a. Date of Last Report
03/07/1996

2. Principal Place of Business

21 1732 LONG RIDGE RD
Suite, Apt. #, etc.

22

23 TAMPA FL

24 33647

25 USA

2a. Mailing Address

26 1732 LONG RIDGE RD
Suite, Apt. #, etc.

27

28 TAMPA FL

29 33647

30 USA

4. FEI Number

59-3324420

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

9. Name and Address of Current Registered Agent

POLSTRA, JUDITH L EESON
9481 HIGHLAND OAK DRIVE STE 506
TAMPA FL 33647

10. Name and Address of New Registered Agent

81 POLSTRA, JUDITH L EESON

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

83 1732 LONG RIDGE RD

84

85 TAMPA

FL

86 Zip Code
33647

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:  JUDITH L EESON POLSTRA, PRES. 4-8-97
(NOT) Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME POLSTRA, JUDITH L
STREET ADDRESS 9481 HIGHLAND OAK DRIVE STE 506
CITY- ST- ZIP TAMPA FL 33647

TITLE ☐ DELETE

NAME POLSTRA, BRIAN C
STREET ADDRESS 9481 HIGHLAND OAK DRIVE STE 506
CITY- ST- ZIP TAMPA FL 33647

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 POLSTRA, JUDITH L
1.3 STREET ADDRESS 1732 LONG RIDGE RD
1.4 CITY- ST- ZIP TAMPA FL 33647

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME POLSTRA, BRIAN C
2.3 STREET ADDRESS 1732 LONG RIDGE RD
2.4 CITY- ST- ZIP TAMPA FL 33647

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

4-9-97 83-991-4691
Date Daytime Phone #

CR2E034 (9/96)