

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000078046

1. Corporation Name
JUDAH ENTERPRISES, INC.

Principal Place of Business
5308 ROYAL PALM AVENUE
SARASOTA FL 34234

Mailing Address
P.O. BOX 48811
SARASOTA FL 34230

FILED
Apr 01, 1999 8:00 am
Secretary of State

04-01-1999 90104 044 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/09/1995

4. FEI Number
65-0657723

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 owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 141 BEDFORD DRIVE

Suite, Apt. #, etc.

23 Port Charlotte, FL

24 33952 25 USA

2a. Mailing Address

26 PO BOX 4043

Suite, Apt. #, etc.

28 Port Charlotte, FL

29 33949 30 USA

9. Name and Address of Current Registered Agent

WYNN, CHERYL G
5308 ROYAL PALM AVENUE
SARASOTA FL 34234

10. Name and Address of New Registered Agent

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CEO
NAME WYNN, CHERYL G
STREET ADDRESS 5308 ROYAL PALM AVENUE
CITY-ST-ZIP SARASOTA FL

TITLE P
NAME MILLS, CECELIA
STREET ADDRESS THE INLETS #133
CITY-ST-ZIP NOKOMIS FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 141 BEDFORD DRIVE
1.4 CITY-ST-ZIP Port Charlotte, FL 33952

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 3740 TANGIER TERRACE
2.4 CITY-ST-ZIP SARASOTA, FL 34239

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

CHERYL G. Wynn

3-30-99

941-766-8126

Date

Daytime Phone #

CR2E034 (1/98)

0470211