


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

FILED
Apr 10 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000008621 (0)**

1. Corporation Name

MADE IN FLORIDA LIMITED, INC.



Principal Place of Business

**RT. 7 BOX 918C
COUNTY ROAD 59
TALLAHASSEE FL 32308**

Mailing Address

**RT. 7 BOX 918C
COUNTY ROAD 59
TALLAHASSEE FL 32308**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/29/1996

4. FEI Number

59-3357638

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 **5773 VETERANS MEMORIAL DR**

Suite, Apt. #, etc.

22

City & State

23 **TALLAHASSEE FL**

Zip

24 **32308**

Country

25 **U.S.A**

2a. Mailing Address

26 **5773 VETERANS MEMORIAL DR**

Suite, Apt. #, etc.

27

City & State

28 **TALLAHASSEE FL**

Zip

29 **32308**

Country

30 **U.S.A**

9. Name and Address of Current Registered Agent

**RUDD, GERALDINE
RT. 7 BOX 918C
COUNTY ROAD 59
TALLAHASSEE FL 32308**

10. Name and Address of New Registered Agent

81 Name

GERALDINE RUDD

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

5773 VETERANS MEMORIAL DR

83

84 City

TALLAHASSEE

FL

85 Zip Code

32308

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 607.005, Florida Statutes.

SIGNATURE **GERALDINE RUDD, PRESIDENT**

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 **P** ☐ DELETE

NAME **RUDD, GERALDINE**
STREET ADDRESS **RT 7 BOX 918C**
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

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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

11 TITLE **P** ☒ Change ☐ Addition

12 NAME **RUDD, GERALDINE**

13 STREET ADDRESS **5773 VETERANS MEMORIAL DR**

14 CITY-ST-ZIP **TALLAHASSEE FL 32308**

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 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.

SIGNATURE: **GERALDINE RUDD, PRESIDENT**

Geraldine Rudd

(850) 897-7167

CR2E034 (10/97)