


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

FILED
Jan 22 1998 8:00am
Secretary of State

| | | |
|---|---|---|
| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # **P97000075823 (9)**
1. Corporation Name
STEPHEN H. JUDSON, PROFESSIONAL ASSOCIATION



| | |
|---|---|
| Principal Place of Business 4405 LAKESHORE DR MOUNT DORA FL 32757 | Mailing Address 4405 LAKESHORE DR MOUNT DORA FL 32757 |
|---|---|

DO NOT WRITE IN THIS SPACE

| | | | | | |
|--|--|---|--|--|--|
| 2. Principal Place of Business 21 3800 Lake Center Loop Suite, Apt. #, etc. | | 2a. Mailing Address 26 3800 Lake Center Loop Suite, Apt. #, etc. | | 3. Date Incorporated or Qualified 09/02/1997 | |
| 22 Suite 1, Building B City & State | | 27 Suite 1, Building B City & State | | 4. FEI Number 59-3465308 Applied For <input type="checkbox"/> Not Applicable | |
| 23 Mt. Dora, FL Zip | | 28 Mt. Dora, FL Zip | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 24 32757 25 USA | | 29 32757 30 USA | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| | | | | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Name and Address of Current Registered Agent

**JUDSON, STEPHEN H
4405 LAKESHORE DR
MOUNT DORA FL 32757**

10. Name and Address of New Registered Agent

| |
|---|
| 81 Name Stephen H. Judson |
| 82 Street Address (P.O. Box Number is Not Acceptable) 3800 Lake Center Loop |
| 83 Suite 1, Building B |
| 84 City Mt. Dora |
| 85 Zip Code FL 32757 |

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 **Stephen H. Judson**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature Required when Restating)

1/7/98

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|--|---------------------------------|--|--|
| TITLE D | <input type="checkbox"/> DELETE | 1.1 TITLE D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME JUDSON, STEPHEN H | | 1.2 NAME Stephen H. Judson | |
| STREET ADDRESS 4405 LAKESHORE DR | | 1.3 STREET ADDRESS 3800 Lake Center Loop, Suite 1, Bldg. B | |
| CITY-ST-ZIP MOUNT DORA FL 32757 | | 1.4 CITY-ST-ZIP Mt. Dora, FL 32757 | |
| TITLE | <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 2.2 NAME | |
| STREET ADDRESS | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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.

SIGNATURE

Stephen H. Judson

1/7/98

1352 393-5200

CR2E034 (10/97)