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 # P97000092171

JUDY'S LAW-N-ORDER, INC.

Principal Place	of Business	Mailing Address				I SENTENCE AND MENT PORTY OF THE PRINT ABOVE AREA HOLD THE RESERVED TH				
326 15TH STRE		326 15TH STREET								
HOLLY HILL FL 32117		HOLLY HILL FL 32117				DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualifed				
						10/27/1997				
2. Principal Pl	2a. Mailing Address	ng Address			4. FEI Number			Applied For		
21		26				59-3487686			Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				_		\$8.75	Additional	
22	,	27				5. Certifcate of Status Desired	J	Fee	Required	
City & State	a	City & State				6. Election Campaign Financing		\$5.0	0 May Be	
23		28				Trust Fund Contribution	J	Adde	d to Fees	
Zip	Country	Zip Country				8. This corporation owes the current	year Intai	ngible		
24	25	29 30	D			Personal Property Tax.		Yes	₽Ńo	
	9. Name and Address of Curren	t Registered Agent		_		10. Name and Address of New Regi	stered A	gent		
			81	1 1	Name					
KNEL		82 Street Add			ss (P.O. Box Number is Not Acceptable)				
946 (riverside drive		52							
HOLI	LY HILL FL 32117		83	3		100				
			<u> </u>	+	0.4			85 Zi	p Code	
			84	• '	City		FL	65 21	p Code	
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes	, the abov	ve-r	named corpor	ration submits this statement for the pur	pose of c	hanging	its registered	
office or re	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was auth	orized by	v tn	ne corporation	's board of directors. I hereby accept th	e appom	ment as	registered	
	in lamilar with, and accept the obliga	acità di, coosion del local i lena							ł	
SIGNATURE SIgnature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent and title if applicable.					signature required v	when reinstating)	DATE			
12.	OFFICERS AN	ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND			
TITLE	D DELETE		1.1 TITLE				•	Сhang	e 🗌 Addition	
NAME	SOUDERS, JUDY K		1.2 NAME	£					}	
STREET ADDRESS	326 15TH STREET		1.3 STREI	ET AC	DDRESS	•				
C/TY-ST-ZIP	HOLLY HILL FL 32117			1.4 CITY-ST-ZIP						
TITLE	D DELETE		2.1 TITLE					Chang	e 🗌 Addition	
NAME	SOUDERS, DAVID A			•						
STREET ADDRESS	326 15TH STREET		2.3 STREI	ET A	ODRESS					
CITY-\$T-ZIP	HOLLY HILL FL 32117	•	2. 4 CITY-	-ST-	-ZiP					
TITLE	TIOLET FREE TE OETIF	☐ DELETE	3.1 TITLE					Chang	e Addition	
NAME		2 -	3.2 NAME	; .		e de la gradia de la composición de la	^ - :			
STREET ADDRESS			3.3 STREI	EΤΑ	DDRESS			-	_ [
CITY-ST-ZIP			3.4. CITY-	-ST-	.ZIP				{	
TITLE		☐ DELETE	4.1 YITLE					☐ Chang	e 🗌 Addition	
NAME			4. 2 NAMI	E						
STREET ADDRESS			4.3 STRE		DORESS					
			4.4 CITY-							
CITY-ST-ZIP TITLE		☐ DELETE	5.1 TITLE					Chang	je 🔲 Addition	
NAME			5.2 NAME						į	
i			5.3 STRE	ET A	NDDRESS					
STREET ADDRESS			5.4 CITY-			•				
CITY-ST-ZIP		☐ DELETE	6.1 TITLE				****	Chang	e Addition	
NAME		<u> </u>	6.2 NAME					- `	— <u> </u>	
			6.3 STRE	ET A	NODRESS					
STREET ADDRESS										

14. 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 appears, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90094 029 ***150.00