

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90099 045 ***158.75

PROFIT CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P98000041420

1. Corporation Name
JUDY VINY, INC.

Principal Place of Business
 8854 SE ISLE WAY
 STUART FL 34986

Mailing Address
 8854 SE ISLE WAY
 STUART FL 34986

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/07/1998

4. FEI Number

65-0844155

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 - Amount Added to Fees

7. This corporation owes the current year Intangible Personal Property Tax.

Yes ☒ No ☐

8. Name and Address of New Registered Agent

91. Name

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

93. City

94. State

95. Zip Code

96. City

97. State

98. Zip Code

99. City

100. State

101. Zip Code

102. City

103. State

104. Zip Code

105. City

106. State

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126. City

127. State

128. Zip Code

129. City

130. State

131. Zip Code

132. City

133. State

134. Zip Code

9. Name and Address of Current Registered Agent

VINY, JUDY
 8854 SE ISLE WAY
 STUART FL 34986

11. Pursuant to the provisions of Sections 607.0602 and 607.1808, Florida Statutes, the above-named corporation informs this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change of the jurisdiction of the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0605, Florida Statutes.

SIGNATURE

Signature, hand or printed name of registered agent and the corporation.

NOTES: Registered Agent signature required when registered.

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

14. I, the undersigned, certify that the information supplied with this filing does not qualify for the exemption listed in Section 110.07(2)(d), 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 the empowered.

SIGNATURE

Signature, hand or printed name of officer or director.

15. I, the undersigned, certify that the information supplied with this filing does not qualify for the exemption listed in Section 110.07(2)(d), Florida Statutes. I further certify that the information

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