FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V03480** **(3)**

1. Corporation Name

STEWART-JUDA, INC.

Principal Place of Business	Mailing Address
9400 S. A1A 205 B JENSEN BEACH FL 34957 US	P.O. BOX 310 JENSEN BEACH FL 34958 US

3. Date Incorporated or Qualified: **12/27/1991**
3a. Date of Last Report: **04/18/1995**

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 / Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 / Country — 30

4. FEI Number: **65-0306603** ☐ 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 has liability for intangible tax under s 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

JUDA, ROLLA JOSEPH JR.
2375 N.E. OCEAN BLVD.
#303D
STUART FL 34996

10. Name and Address of New Registered Agent

B1 Name: Jeanne Stewart-Juda
B2 Street Address (P.O. Box Number is Not Acceptable): 2375 N.E. Ocean Blvd. 303D
B3
B4 City: Stuart FL 85 Zip Code: 34996

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: Jeanne Stewart-Juda — Jeanne Stewart-Juda — DATE: 4/24/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	V	☒ DELETE	1.1 TITLE	Vice President	☐ Change ☒ Addition
NAME	JUDA, ROLLA J		1.2 NAME	Kristine Meyers	
STREET ADDRESS	2375 N.E. OCEAN BLVD		1.3 STREET ADDRESS	530 Kilpatrick Ave	
CITY-ST-ZIP	STUART FL		1.4 CITY-ST-ZIP	Port St. Lucie, Fl 34983	
TITLE	P	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	STEWART-JUDA, JEANNE		2.2 NAME		
STREET ADDRESS	2375 N.E. OCEAN BLVD		2.3 STREET ADDRESS		
CITY-ST-ZIP	STUART FL		2.4 CITY-ST-ZIP		
TITLE	S	☒ DELETE	3.1 TITLE	Secretary	☐ Change ☒ Addition
NAME	MEYERS, KRISTINE		3.2 NAME	Karla Crownover	
STREET ADDRESS	530 KILPATRICK AVE.		3.3 STREET ADDRESS	376 Manasiunas Street S.W.	
CITY-ST-ZIP	PORT ST. LUCIE FL		3.4 CITY-ST-ZIP	Port St. Lucie, Fl 34953	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Jeanne Stewart-Juda — 4/24/96 — (407) 229-1398
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #