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Feb 25 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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
9400 S. A1A
205 B
JENSEN BEACH FL 34957
US

Mailing Address
P.O. BOX 310
JENSEN BEACH FL 34958-0310
US



2. Principal Place of Business
21 530 N.W. Kilpatrick Ave.

2a. Mailing Address
26 Suite, Apt. #, etc.

22 City & State
23 Port St. Lucie, FL
24 34983 25 St. Lucie

27 City & State
28
29 Zip Country 30

3. Date Incorporated or Qualified 12/27/1991 3a. Date of Last Report 04/29/1996

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

JEANNE STEWART-JUDA
2375 NE OCEAN BLVD 303D
#303D
STUART FL 34996

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

| | | |
|-----------------|----------------------|--|
| TITLE | VP | <input type="checkbox"/> DELETE |
| NAME | MEYERS, KRISTINE | |
| STREET ADDRESS | 530 KILPATRICK AVE | |
| CITY - ST - ZIP | PORT ST LUCIE FL | |
| TITLE | P | <input type="checkbox"/> DELETE |
| NAME | STEWART-JUDA, JEANNE | |
| STREET ADDRESS | 2375 N.E. OCEAN BLVD | |
| CITY - ST - ZIP | STUART FL | |
| TITLE | S | <input checked="" type="checkbox"/> DELETE |
| NAME | CROWNOVER, KARLA | |
| STREET ADDRESS | 3766 MASILUNAS ST SW | |
| CITY - ST - ZIP | PORT ST LUCIE FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|---------------------|---------------------------|--|
| 1.1 TITLE | V.P. and Secretary | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | Meyers, Kristine | |
| 1.3 STREET ADDRESS | 530 N.W. Kilpatrick Ave | |
| 1.4 CITY - ST - ZIP | P.S.C. FL 34983 | |
| 2.1 TITLE | Pres. + Treas. | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | Stewart-Juda, Jeanne | |
| 2.3 STREET ADDRESS | 2375 N.E. Ocean Blvd 303D | |
| 2.4 CITY - ST - ZIP | STUART, FL 34996 | |
| 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY - ST - ZIP | | |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY - ST - ZIP | | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY - ST - ZIP | | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 6.4 CITY - ST - ZIP | | |

14. I do 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 included 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 JEANNE STEWART-JUDA 2/18/97 340-1713 (561)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)