

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 # V03480

1. Corporation Name
STEWART-JUDA, INC.

Principal Place of Business
**530 NW KILPATRICK AVE
205 B
PORT ST LUCIE FL 34983
US**

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

FILED
Apr 13, 1999 8:00 am
Secretary of State

04-13-1999 90053 017 ***158.75



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/27/1991

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 owes the current year Intangible
Personal Property Tax.

☐ Yes ☐ No

10. Name and Address of New Registered Agent *only.*

2. Principal Place of Business

21 **1094 S.W. Sultan Dr.**

2a. Mailing Address

26 **1094 S.W. Sultan Dr.**

22

27

City & State

23 **Port St. Lucie, FL**

City & State

28 **Port St. Lucie, FL**

Zip

24 **34953**

Country

25 **USA**

Zip

29 **34953**

Country

30 **USA**

9. Name and Address of Current Registered Agent

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

81 Name

JEANNE Stewart - Juda

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

1094 S.W. Sultan Drive

83

84 City

Port. St. Lucie

FL

85 Zip Code

34953

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

Jeane Stewart-Juda

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
**VPS
MEYERS, KRISTINE
530 NW KILPATRICK AVE
PORT ST LUCIE FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
**PT
STEWART-JUDA, JEANNE
2375 N.E. OCEAN BLVD
STUART FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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, with all other like empowered.

SIGNATURE: *Jeane Stewart-Juda*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-6-99 **(561) 340-1713**
Date Daytime Phone #

CR2E034 (1/198)