

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 # V23620 (0)

1. Corporation Name

JOHN N. PUDER, INC.

Principal Place of Business

P.O. BOX 568423
ORLANDO FL 32856
US

Mailing Address

P.O. BOX 568423
ORLANDO FL 32856
US



3. Date Incorporated or Qualified

03/25/1992

3a. Date of Last Report

01/19/1995

4. FEI Number

59-3122694

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PUDER, JOHN N
121 WISTERIA AVE.
ORLANDO FL 32806

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

Signature of professional registered agent and the corporation

Signature of Registered Agent (signature required when registering)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

PTD

☐ DELETE

NAME

PUDER, JOHN N

STREET ADDRESS

121 WISTERIA AVE

CITY-ST-ZIP

ORLANDO FL

32806

1.2 TITLE

D

☐ DELETE

NAME

PUDER, H E

STREET ADDRESS

1121 NW 36TH ST

CITY-ST-ZIP

GAINESVILLE FL

32605

1.3 TITLE

VPS

☐ DELETE

NAME

PUDER, AMY G

STREET ADDRESS

1121 NW 36TH STREET

CITY-ST-ZIP

GAINESVILLE FL

32605

1.4 TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.5 TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.6 TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.7 TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied in 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 applicable.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

1/15/96

407/897-8562

CR2E034 (12/95)