FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 17 PM 12: 03

DOCUMENT # V31469 (2)

1. Corporation Name
GLENN D. JUDY II, INC.

Principal Place of Business: 5144 NW 11TH LN, POMPANO BEACH FL 33064

Mailing Address: 5144 NW 11TH LN, POMPANO BEACH FL 33064

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/23/1992
3a. Date of Last Report: 04/11/1994
4. FEI Number: 65-0332380 — Applied For / Not Applicable

2. Principal Place of Business — 21 / 2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24, Country — 25 / Zip — 29, Country — 30

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

SALYER, JAY C. JR.
461 E HILLSBORO BLVD
SUITE 200
DEERFIELD BEACH FL 33441

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

12. OFFICERS AND DIRECTORS

TITLE: D
NAME: JUDY, GLENN D. II
STREET ADDRESS: 5144 NW 11TH LN
CITY-ST-ZIP: POMPANO BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

1 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change	☐ Addition
2 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change	☐ Addition
3 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change	☐ Addition
4 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change	☐ Addition
5 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change	☐ Addition
6 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change	☐ Addition

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.

SIGNATURE: [signature] E Glenn D Judy II 1-7-95 305 425 2845
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0107030 CP