

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

**95 FEB 24 AM 11:27**

**DOCUMENT # 407681 (6)**

1. Corporation Name  
**DUDA INDUSTRIES, INC.**

Principal Place of Business Mailing Address  
**P O BOX 257 OVIEDO FL 32765 P O BOX 257 OVIEDO FL 32765**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **08/28/1972** 3a. Date of Last Report **02/25/1994**  
4. FEI Number **59-1424021** 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. 189.032, Florida Statutes  Yes  No

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

9. Name and Address of Current Registered Agent  
**LIVINGSTON CALVIN J  
HWY 428  
OVIEDO FL 32765**

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 remodeling) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>DV</b>
NAME	<b>DUDA, ANDREW L.</b>
STREET ADDRESS	<b>HIGHWAY 428</b>
CITY - ST - ZIP	<b>OVIEDO FL</b>
TITLE	<b>DP</b>
NAME	<b>DUDA, EDWARD</b>
STREET ADDRESS	<b>HIGHWAY 428</b>
CITY - ST - ZIP	<b>OVIEDO FL</b>
TITLE	<b>S</b>
NAME	<b>DUDA, LUTHER</b>
STREET ADDRESS	<b>HIGHWAY 428</b>
CITY - ST - ZIP	<b>OVIEDO FL</b>
TITLE	<b>VD</b>
NAME	<b>DUDA, FERDINAND S.</b>
STREET ADDRESS	<b>HIGHWAY 428</b>
CITY - ST - ZIP	<b>OVIEDO FL</b>
TITLE	<b>DVT</b>
NAME	<b>ASHLEY, CHARLES L.</b>
STREET ADDRESS	<b>HIGHWAY 428</b>
CITY - ST - ZIP	<b>OVIEDO FL</b>
TITLE	<b>D</b>
NAME	<b>DUDA, WALTER A.</b>
STREET ADDRESS	<b>HIGHWAY 428</b>
CITY - ST - ZIP	<b>OVIEDO FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
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 is voluntarily furnished and that it 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: Charles L. Ashley 2/26/95 (407) 365-2111  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Charles L. Ashley, Vice President**

DUDA INDUSTRIES INC.

Federal I.D. No. 59-1424201

<u>NAME</u>	<u>TITLE</u>	<u>ADDRESS</u>	<u>CITY/STATE/ZIP</u>
Calvin J. Livingston	Assistant Secretary	HWY 426	Oviedo, FL 32765-0257