

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 # 407681 (6)

1. Corporation Name
DUDA INDUSTRIES, INC.



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

3. Date Incorporated or Qualified: 08/28/1972
3a. Date of Last Report: 02/24/1995
4. FEI Number: 59-1424021
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: 21 P.O. Box 620257, Suite, Apt. #, etc., City & State, Zip, Country
2a. Mailing Address: 26 P.O. Box 620257, Suite, Apt. #, etc., City & State, Zip, Country

9. Name and Address of Current Registered Agent: LIVINGSTON CALVIN J, HWY 426, 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, 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 registered)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: DV	NAME: DUDA, ANDREW L. STREET ADDRESS: HIGHWAY 426 CITY-ST-ZIP: OVIEDO FL	<input type="checkbox"/> DELETE	1.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: DP	NAME: DUDA, EDWARD STREET ADDRESS: HIGHWAY 426 CITY-ST-ZIP: OVIEDO FL	<input type="checkbox"/> DELETE	2.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: S	NAME: DUDA, LUTHER STREET ADDRESS: HIGHWAY 426 CITY-ST-ZIP: OVIEDO FL	<input checked="" type="checkbox"/> DELETE	3.1 TITLE: S NAME: Livingston, Calvin J. STREET ADDRESS: Highway 426 CITY-ST-ZIP: Oviedo, FL
TITLE: VD	NAME: DUDA, FERDINAND S. STREET ADDRESS: HIGHWAY 426 CITY-ST-ZIP: OVIEDO FL	<input type="checkbox"/> DELETE	4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: DVT	NAME: ASHLEY, CHARLES L. STREET ADDRESS: HIGHWAY 426 CITY-ST-ZIP: OVIEDO FL	<input type="checkbox"/> DELETE	5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D	NAME: DUDA, WALTER A. STREET ADDRESS: HIGHWAY 426 CITY-ST-ZIP: OVIEDO FL	<input type="checkbox"/> DELETE	6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.071(3)(c), 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: *Charles L. Ashley*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Charles L. Ashley, Vice President
DATE: 2/15/96
TELEPHONE: (407) 365-2111

CR2E034 (12/95)