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 APR 13 PM 3:38

DOCUMENT # **626782** **(7)**

1. Corporation Name
HUDEC ENTERPRISES, INC.

Principal Place of Business	Mailing Address
1824 ORANGE TREE DRIVE EDGEWATER FL 32132	101 N RIVERSIDE DR STE 314 NEW SMYRNA BCH FL 32168 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/20/1979
3a. Date of Last Report: 04/19/1994

2. Principal Place of Business
21: 290 SUGAR SAND TR.
22: Suite, Apt. #, etc.
23: City & State: NEW SMYRNA BEACH, FLA.
24: Zip: 32168
25: County: USA

2a. Mailing Address
26: 290 SUGAR SAND TR.
27: Suite, Apt. #, etc.
28: City & State: NEW SMYRNA BEACH, FLA.
29: Zip: 32168
30: County: USA

4. FEI Number: 59-1921196 ☐ 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 intangibles tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

HUDEC, EDWARD J.R.
101 N RIVERSIDE DR
STE 314
NEW SMYRNA BCH FL 32168

10. Name and Address of New Registered Agent

81 Name: EDWARD J. R. HUDEC
82 Street Address (P.O. Box Number is Not Acceptable)
83: 290 SUGAR SAND TR.
84 City: NEW SMYRNA BEACH FL 85 Zip Code: 32168

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: Edward J.R. Hudec
EDWARD J.R. HUDEC
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PD	☒ Change ☐ Addition
NAME	HUDEC, EDWARD J.R.	12 NAME	HUDEC, EDWARD J.R.	
STREET ADDRESS	101 N RIVERSIDE DR., #314	13 STREET ADDRESS	290 SUGAR SAND TR	
CITY ST ZIP	NEW SMYRNA BCH FL	14 CITY ST ZIP	NEW SMYRNA BEACH, FL.	
TITLE	SD	21 TITLE		☐ Change ☐ Addition
NAME	HUDEC, GAIL C.	22 NAME		
STREET ADDRESS	2426 YULE TREE DRIVE	23 STREET ADDRESS		
CITY ST ZIP	EDGEWATER FL	24 CITY ST ZIP		
TITLE	VD	31 TITLE		☐ Change ☐ Addition
NAME	HUDEC, ROBERT A.	32 NAME		
STREET ADDRESS	3 RENWICH COURT	33 STREET ADDRESS		
CITY ST ZIP	ROCKVILLE MD	34 CITY ST ZIP		
TITLE	TD	41 TITLE		☐ Change ☐ Addition
NAME	HUDEC, SUSAN	42 NAME		
STREET ADDRESS	3 RENWICH COURT	43 STREET ADDRESS		
CITY ST ZIP	ROCKVILLE MD	44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

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 119.07(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 above, or on an attached supplemental address.

SIGNATURE: Edward J.R. Hudec
EDWARD J.R. HUDEC
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/95
Date

904-427-3949
Daytime Phone #

0010260 CP