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

APPROVED AND FILED
95 APR 27 PM 12:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F99391 (7)

1. Corporation Name
H.H. HUDSON AND SONS, INC.

Principal Place of Business	Mailing Address
3450 N.W. 60TH ST. OCALA FL 32675	3450 N.W. 60TH ST. OCALA FL 32675

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/14/1982
3a. Date of Last Report: 10/18/1994

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 County 25

2a. Mailing Address Zip Code
26 PO Box 5640-34478-5640
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 59-2489849 ☐ 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

9. Name and Address of Current Registered Agent

HUDSON, CHURCHILL D.
3450 N.W. 60TH ST.
OCALA FL 32675

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	HUDSON, H. H. I	1.2 NAME	
STREET ADDRESS	3450 N.W. 60TH ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	ROBISON, TONY	2.2 NAME	
STREET ADDRESS	8100 S.E. 52 ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	OCKLAWAHA FL	2.4 CITY-ST-ZIP	
TITLE	STD	3.1 TITLE	☐ Change ☐ Addition
NAME	HUDSON, CHURCHILL D.	3.2 NAME	
STREET ADDRESS	3450 N.W. 60TH ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	HUDSON, ROBERT D.	4.2 NAME	
STREET ADDRESS	3450 N.W. 60TH ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	4.4 CITY-ST-ZIP	
TITLE	VP	5.1 TITLE	☐ Change ☐ Addition
NAME	BECK, STEPHEN	5.2 NAME	
STREET ADDRESS	P.O. BOX 6626 N/A	5.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	5.4 CITY-ST-ZIP	
TITLE	VPD	6.1 TITLE	No longer on Board of Directors ☒ Change ☐ Addition
NAME	SOPLATA, GEORGE	6.2 NAME	
STREET ADDRESS	2550 S.E. 179 PL.	6.3 STREET ADDRESS	
CITY-ST-ZIP	SUMMERFIELD FL	6.4 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 if changed, or on an attachment with an address.

SIGNATURE: Churchill D. Hudson Churchill D. Hudson 904-782-3902
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0383205 CP