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 # 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	PO BOX 5640 OCALA FL 34478-5640 US

3. Date Incorporated or Qualified: 09/14/1982
3a. Date of Last Report: 04/27/1995

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

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

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

TITLE	PD	☐ DELETE
NAME	HUDSON, H. H. I	
STREET ADDRESS	3450 N.W. 60TH ST.	
CITY-ST-ZIP	OCALA FL	
TITLE	VD	☐ DELETE
NAME	ROBISON, TONY	
STREET ADDRESS	8100 S.E. 52 ST.	
CITY-ST-ZIP	OCKLAWAHA FL	
TITLE	STD	☐ DELETE
NAME	HUDSON, CHURCHILL D.	
STREET ADDRESS	3450 N.W. 60TH ST.	
CITY-ST-ZIP	OCALA FL	
TITLE	D	☐ DELETE
NAME	HUDSON, ROBERT D.	
STREET ADDRESS	3450 N.W. 60TH ST.	
CITY-ST-ZIP	OCALA FL	
TITLE	VP	☑ DELETE
NAME	BECK, STEPHEN	
STREET ADDRESS	P.O. BOX 6626 N/A	
CITY-ST-ZIP	OCALA FL	
TITLE	VPD	☑ DELETE
NAME	SOPLATA, GEORGE	
STREET ADDRESS	2550 S.E. 179 PL.	
CITY-ST-ZIP	SUMMERFIELD FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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)(k), 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 — 4-29-96 — 1-800-6247741
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #