

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 175048

Entity Name: A. DUDA & SONS, INC.**Current Principal Place of Business:**1200 DUDA TRAIL
OVIDO, FL 32765**Current Mailing Address:**P.O. BOX 620257
OVIDO, FL 32762-0257 US**FEI Number:** 59-0700499**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHAPMAN, TRACY DUDA
1200 DUDA TRAIL
OVIDO, FL 32765 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title DC
Name DUDA, JOSEPH A
Address 1200 DUDA TRAIL
City-State-Zip: OVIEDO FL 32765

Title AT
Name MITCHELL, AMY
Address 1200 DUDA TRAIL
City-State-Zip: OVIEDO FL 32765

Title VCFO
Name ENGWALL, MARK E
Address 1200 DUDA TRAIL
City-State-Zip: OVIEDO FL 32765

Title VCOO
Name WEEKS, JR, PALMER B
Address 1200 DUDA TRAIL
City-State-Zip: OVIEDO FL 32765

Title PCEO
Name DUDA, DAVID J
Address 1200 DUDA TRAIL
City-State-Zip: OVIEDO FL 32765

Title VS
Name CHAPMAN, TRACY D
Address 1200 DUDA TRAIL
City-State-Zip: OVIEDO FL 32765

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MARK E. ENGWALL

VCFO

01/16/2015

Electronic Signature of Signing Officer/Director Detail_____
Date