

2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P15000071936

Entity Name: DUDA RANCHES, INC**Current Principal Place of Business:**1200 DUDA TRAIL
OVIEDO, FL 32765**Current Mailing Address:**P.O. BOX 620257
OVIEDO, FL 32762-0257**FEI Number: 47-4946410****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHAPMAN, TRACY DUDA
1200 DUDA TRAIL
OVIEDO, 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 PRESIDENT
Name DUDA, WALTER A.
Address 1200 DUDA TRAIL
City-State-Zip: OVIEDO FL 32765

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

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

Title ASST. SECRETARY
Name GAINEY, ANNIE M
Address 1200 DUDA TRAIL
City-State-Zip: OVIEDO FL 32765

Title ASST. TREASURER
Name MITCHELL, AMY P
Address 1200 DUDA TRAIL
City-State-Zip: OVIEDO FL 32765

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

Title VP, CITRUS AND SUGAR
Name ATCHLEY, ROB
Address 1200 DUDA TRAIL
City-State-Zip: OVIEDO FL 32765

Title VP, SOD AND CATTLE
Name MELLO, STACY
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: TRACY DUDA CHAPMAN**VP****03/27/2023**

Electronic Signature of Signing Officer/Director Detail

Date