

2016 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	WALTER, DUDA A JR.
Address	1200 DUDA TRAIL
City-State-Zip:	OVIEDO FL 32765

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

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

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

Title	ASST. TREASURER
Name	MITCHELL, AMY
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

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 ENGWALL**VICE PRESIDENT****08/17/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date