

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**Mar 17 1997 8:00am**  
**Secretary of State**

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

**DOCUMENT # 175048 (8)**  
 1. Corporation Name  
**A. DUDA & SONS, INC.**



Principal Place of Business <b>1975 HWY 426                  OVIEDO FL 32765                  US</b>	Mailing Address <b>P.O. BOX 820257                  OVIEDO FL 32762-0257                  US</b>
---	---

<b>2. Principal Place of Business</b> 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		<b>2a. Mailing Address</b> 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		<b>3. Date Incorporated or Qualified</b> 08/27/1953	<b>3a. Date of Last Report</b> 03/06/1996
<b>4. FEI Number</b> 59-0700499		<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/>		Applied For Not Applicable <b>\$8.75 Additional Fee Required</b>	
<b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/>		<b>7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<b>\$5.00 May Be Added to Fees</b>	

<b>9. Name and Address of Current Registered Agent</b> LIVINGSTON, CALVIN J 1975 W. STATE RD. 428 OVIEDO FL 32765				<b>10. Name and Address of New Registered Agent</b> 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>VP</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>DUDA, JOHN L.</b>		1.2 NAME	
STREET ADDRESS <b>HWY 426</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP <b>OVIEDO FL 32765</b>		1.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>DUDA, EDWARD D.</b>		2.2 NAME	
STREET ADDRESS <b>HWY 426</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP <b>OVIEDO FL 32765</b>		2.4 CITY-ST-ZIP	
TITLE <b>PO</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>DUDA, FERDINAND S.</b>		3.2 NAME	
STREET ADDRESS <b>HWY 426</b>		3.3 STREET ADDRESS	
CITY-ST-ZIP <b>OVIEDO FL 32765</b>		3.4 CITY-ST-ZIP	
TITLE <b>VPD</b>	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>DUDA, ANDREW L.</b>		4.2 NAME	
STREET ADDRESS <b>HWY 426</b>		4.3 STREET ADDRESS	
CITY-ST-ZIP <b>OVIEDO FL 32765</b>		4.4 CITY-ST-ZIP	
TITLE <b>VP</b>	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>DUDA, JOSEPH A</b>		5.2 NAME	
STREET ADDRESS <b>HWY 426</b>		5.3 STREET ADDRESS	
CITY-ST-ZIP <b>OVIEDO FL 32765</b>		5.4 CITY-ST-ZIP	
TITLE <b>VPAS</b>	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>DUDA, WALTER A.</b>		6.2 NAME	
STREET ADDRESS <b>HWY 426</b>		6.3 STREET ADDRESS	
CITY-ST-ZIP <b>OVIEDO FL 32765</b>		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing 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: *Charles A. ...* 3/11/97 (407)365-2111

CR2E034 (9/96)

**A. DUDA & SONS, INC.**

**Federal I.D. No. 59-0700499**

**ADDITIONAL OFFICERS**

<b><u>NAME</u></b>	<b><u>TITLE</u></b>	<b><u>ADDRESS</u></b>	<b><u>CITY/STATE/ZIP</u></b>
ASHLEY, Charles L.	Vice Pres	Hwy 426	Oviedo, FL 32765
LONGWORTH, Stuart W.	Vice Pres	Hwy 426	Oviedo, FL 32765
MCCARTHY, Francis J.	Vice Pres	Hwy 426	Oviedo, FL 32765
LIVINGSTON, Calvin J.	VP/Secretary	Hwy 426	Oviedo, FL 32765
ENGLISH, Hugh M.	Vice Pres	Hwy 426	Oviedo, FL 32765
PASCHAL, R. Bruce	Vice Pres	Hwy 426	Oviedo, FL 32765
MANN, Doug	Vice Pres	Hwy 426	Oviedo, FL 32765
DODGEN, Thomas E.	Vice Pres	Hwy 426	Oviedo, FL 32765
CASEY, Joseph F.	Treasurer	Hwy 426	Oviedo, FL 32765
GOODE, R. Ray	Director	Hwy 426	Oviedo, FL 32765
DAUGHERTY, Clark	Director	Hwy 426	Oviedo, FL 32765
NAGLE, Allan R.	Director	Hwy 426	Oviedo, FL 32765
HEINTZ, William W.	Director	Hwy 426	Oviedo, FL 32765