

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

**FILED**  
**Apr 24 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**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 620257                  OVIEDO FL 32762-0257                  US</b>
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DO NOT WRITE IN THIS SPACE

<b>21</b> Principal Place of Business	<b>2a</b> Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Zip
Country	Country

<b>3.</b> Date Incorporated or Qualified <b>08/27/1953</b>
<b>4.</b> FEI Number <b>59-0700499</b>
Applied For Not Applicable
<b>5.</b> Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
<b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
<b>8.</b> This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

**9. Name and Address of Current Registered Agent**

**LIVINGSTON, CALVIN J**  
**1975 W. STATE RD. 426**  
**OVIEDO FL 32765**

**10. Name and Address of New Registered Agent**

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City
<b>FL</b> <b>85</b> 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**

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>DUDA, EDWARD D.</b>	
STREET ADDRESS	<b>HWY 426</b>	
CITY-ST-ZIP	<b>OVIEDO FL 32765</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>DUDA, FERDINAND S.</b>	
STREET ADDRESS	<b>HWY 426</b>	
CITY-ST-ZIP	<b>OVIEDO FL 32765</b>	
TITLE	<b>VPD</b>	<input type="checkbox"/> DELETE
NAME	<b>DUDA, ANDREW L.</b>	
STREET ADDRESS	<b>HWY 426</b>	
CITY-ST-ZIP	<b>OVIEDO FL 32765</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> DELETE
NAME	<b>DUDA, JOSEPH A</b>	
STREET ADDRESS	<b>HWY 426</b>	
CITY-ST-ZIP	<b>OVIEDO FL 32765</b>	
TITLE	<b>VPAS</b>	<input type="checkbox"/> DELETE
NAME	<b>DUDA, WALTER A.</b>	
STREET ADDRESS	<b>HWY 426</b>	
CITY-ST-ZIP	<b>OVIEDO FL 32765</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

<b>1.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>1.2</b> NAME	
<b>1.3</b> STREET ADDRESS	
<b>1.4</b> CITY-ST-ZIP	
<b>2.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>2.2</b> NAME	
<b>2.3</b> STREET ADDRESS	
<b>2.4</b> CITY-ST-ZIP	
<b>3.1</b> TITLE	<b>VP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>3.2</b> NAME	
<b>3.3</b> STREET ADDRESS	
<b>3.4</b> CITY-ST-ZIP	
<b>4.1</b> TITLE	<b>VPD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>4.2</b> NAME	
<b>4.3</b> STREET ADDRESS	
<b>4.4</b> CITY-ST-ZIP	
<b>5.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>5.2</b> NAME	
<b>5.3</b> STREET ADDRESS	
<b>5.4</b> CITY-ST-ZIP	
<b>6.1</b> TITLE	<b>VP</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>6.2</b> NAME	<b>LONGWORTH, Stuart W.</b>
<b>6.3</b> STREET ADDRESS	<b>HWY 426</b>
<b>6.4</b> CITY-ST-ZIP	<b>Oviedo, FL 32765</b>

**14.** I 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:  **Donald L. Graf** 4/17/98 (407)365-2111

CP2E034 (10/97)

**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>
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
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
GRAF, Donald L.	Vice Pres	Hwy 426	Oviedo, FL 32765
HANAS, Richard L.	Vice Pres	Hwy 426	Oviedo, FL 32765
DUDA, Edward D. Jr.	Vice Pres	Hwy 426	Oviedo, FL 32765
WEEKS, Barton P.	Vice Pres	Hwy 426	Oviedo, FL 32765
CHAPMAN, Tracy Duda	Asst. Secy	Hwy 426	Oviedo, FL 32765