FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 PM 2:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **542941** **(0)**

1. Corporation Name
HUDSON REALTY CO.

Principal Place of Business	Mailing Address
43 W. GRANADA ORMOND BCH. FL 32174 US	43 W. GRANADA BLVD. ORMOND BCH. FL 32174 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/15/1977
3a. Date of Last Report: 03/24/1994

2. Principal Place of Business
21:
Suite, Apt. #, etc.
22:
City & State
23:
Zip / Country
24: / 25:

2a. Mailing Address
26: P.O. Box 1506
Suite, Apt. #, etc.
27:
City & State
28: Ormond Bch FL.
Zip / Country
29: 32175 / 30: US

4. FEI Number: 59-1757047 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

HUDSON, MARION F
43 W. GRANADA BLVD.
ORMOND BCH. FL 32174

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	HUDSON, MARION F.	12 NAME	
STREET ADDRESS	1900 JOHN ANDERSON DR.	13 STREET ADDRESS	
CITY ST ZIP	ORMOND BCH FL	14 CITY ST ZIP	
TITLE	ST	21 TITLE	☐ Change ☐ Addition
NAME	NATZEL, LORENE	22 NAME	
STREET ADDRESS	216 TIMBERLANE TRAIL	23 STREET ADDRESS	
CITY ST ZIP	ORMOND BCH. FL	24 CITY ST ZIP	
TITLE	VP	31 TITLE	☒ Change ☐ Addition
NAME	EVANS, DAVID L	32 NAME	
STREET ADDRESS	688 FERNCLIFF DR.	33 STREET ADDRESS	Delete ! EVANS, DAVID L
CITY ST ZIP	PORT ORANGE FL	34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Lorene Natzel LORENE NATZEL 4-26-95 904-673-0001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0010446 CP