

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90064 019 ***150.00

DOCUMENT # 626782

1. Corporation Name

HUDEC ENTERPRISES, INC.

Principal Place of Business

Mailing Address

295 SUGAR SAND TERRACE
NEW SMYRNA BEACH FL 32168
US

295 SUGAR SAND TERRACE
STE 314
NEW SMYRNA BEACH FL 32168
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/20/1979

4. FEI Number

59-1921196

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 295 SUGAR SAND TRAIL
Suite, Apt. #, etc.

26 295 SUGAR SAND TRAIL
Suite, Apt. #, etc.

22 City & State

27 City & State

23 NEW SMYRNA BEACH, FLA.
Zip Country

28 NEW SMYRNA BEACH, FLA.
Zip Country

24 32168

25 USA

29 32168

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HUDEC, EDWARD J
295 SUGAR SAND TERRACE
NEW SMYRNA BEACH FL 32168

NOTE CHANGE

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

295 SUGAR SAND TRAIL

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 PD ☐ DELETE
NAME HUDEC, EDWARD J.R.
STREET ADDRESS 295 SUGAR SAND TERRACE
CITY-ST-ZIP NEW SMYRNA BEACH FL 32168

1.1 TITLE PD ☒ Change ☐ Addition
1.2 NAME HUDEC, EDWARD J.R.
1.3 STREET ADDRESS 295 SUGAR SAND TRAIL
1.4 CITY-ST-ZIP NEW SMYRNA BEACH, FLA. 32168

TITLE SD ☐ DELETE
NAME WINBIGLER, GAIL C
STREET ADDRESS 1728 WILLOR OAK DRIVE
CITY-ST-ZIP EDGEWATER FL

2.1 TITLE SD ☒ Change ☐ Addition
2.2 NAME WINBIGLER, GAIL C.
2.3 STREET ADDRESS 5962 SAWGRASS POINT DRIVE
2.4 CITY-ST-ZIP PORT ORANGE, FLA. 32124-7079

TITLE VD ☐ DELETE
NAME HUDEC, ROBERT A.
STREET ADDRESS 3 RENWICH COURT
CITY-ST-ZIP ROCKVILLE MD

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE TD ☐ DELETE
NAME HUDEC, SUSAN
STREET ADDRESS 3 RENWICH COURT
CITY-ST-ZIP ROCKVILLE MD

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EDWARD J. R. HUDEC

1/10/99

Date

904-427-3949

Daytime Phone #

CR2E034 (1/98)