

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

DOCUMENT # F30261

1. Corporation Name
DUDCO INC.

Principal Place of Business

3351 NE 19TH AVE
OAKLAND PARK FL 33306

MOVED

Mailing Address

3351 NE 19TH AVE
OAKLAND PARK FL 33306

MOVED

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90094 030 ***158.75



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/15/1981

4. FEI Number

59-2096326

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

21 4220 N. LAKE VISTA TRAIL

2a. Mailing Address

26 4220 N. LAKE VISTA TRAIL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 HERNANDO, FLORIDA

City & State

28 HERNANDO, FLORIDA

Zip

Country

Zip

Country

24 34442 25 CITRUS

29 34442 30 CITRUS

9. Name and Address of Current Registered Agent

COHN, DUDLEY

3351 NE 19TH AVE

OAKLAND PARK FL 33306

MOVED

10. Name and Address of New Registered Agent

81 Name

DUDLEY COHN

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

4220 N. LAKE VISTA TRAIL

83

84

City HERNANDO

FL

85

Zip Code

34442

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 PD ☐ DELETE

NAME COHN, DUDLEY
STREET ADDRESS 3351 NE 19TH AVE
CITY-ST-ZIP OAKLAND PARK FL

TITLE STD ☐ DELETE

NAME COHN, EVELYN
STREET ADDRESS 3351 NE 19TH AVE
CITY-ST-ZIP OAKLAND PARK FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

NAME COHN, DUDLEY
STREET ADDRESS 4220 N. LAKE VISTA TRAIL
CITY-ST-ZIP HERNANDO, FL 34442

2.1 TITLE ☒ Change ☐ Addition

NAME STD
STREET ADDRESS COHN, EVELYN
CITY-ST-ZIP 4220 N. LAKE VISTA TRAIL
HERNANDO, FL 34442

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 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:

EVELYN COHN

4/11/99

352-860-1417

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/1/98)