

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F99391

(7)

1. Corporation Name

H.H. HUDSON AND SONS, INC.

Principal Place of Business

3450 N.W. 60TH ST.
OCALA FL 32675

Mailing Address

PO BOX 5640
OCALA FL 34478-5640
US

97 SEP 30 PM 12:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

3. Date Incorporated or Qualified 09/14/1982
3a. Date of Last Report 05/01/1996

4. FEI Number 59-2489849
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 or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip Country

9. Name and Address of Current Registered Agent

HUDSON, CHURCHILL D.
3450 N.W. 60TH ST.
OCALA FL 32675

10. Name and Address of New Registered Agent

81 Name HENRY HAYES HUDSON III
82 Street Address (P.O. Box Number is Not Acceptable) 3450 N.W. 60TH ST
83 Ocala
84 City FL 85 Zip Code 34475

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 Henry Hayes Hudson III
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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PD	HUDSON, H. H. I	3450 N.W. 60TH ST.	OCALA FL	<input checked="" type="checkbox"/>
VD	ROBISON, TONY	8100 S.E. 52 ST.	OCLAWAHA FL	<input checked="" type="checkbox"/>
STD	HUDSON, CHURCHILL D.	3450 N.W. 60TH ST.	OCALA FL	<input checked="" type="checkbox"/>
D	HUDSON, ROBERT D.	3450 N.W. 60TH ST.	OCALA FL	<input checked="" type="checkbox"/>
	Henry Hayes Hudson III			<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>

MARTHA HUDSON V.P. + Secy
3450 N.W. 60TH ST.
OCALA, FL. 34475
PRESIDENT
HENRY HAYES HUDSON III
3450 N.W. 60TH ST.
OCALA, FL. 34475
JB-a7

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.

CR2E034 (4/97)