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

*FILED
*SECRETARY OF STATE
*DIVISION OF CORPORATIONS

95 MAR 14 AM 8:33

DOCUMENT # L85692 (6)

1. Corporation Name
B. W. HUDDLE, INC.

Principal Place of Business	Mailing Address
% EVANS CRARY JR. 555 COLORADO AVE SUITE ONE STUART FL 34994	% EVANS CRARY JR. 555 COLORADO AVE SUITE ONE STUART FL 34994

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/02/1990
3a. Date of Last Report: 05/12/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)

4. FEI Number: 65-0229252 ☐ 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

CARY LAWRENCE E III
555 COLORADO AVE, STE ONE
STUART FL 34994

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: (Type or print 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	PST	11 TITLE	☒ Change ☐ Addition
NAME	HUDDLE, B. W.	12 NAME	B. W. Huddle
STREET ADDRESS	~~40760~~ SE JUPITER NARRWS DRIVE	13 STREET ADDRESS	10680 S. E. Jup. Narr. Dr.
CITY-ST-ZIP	HOBE SOUND FL 10680 S.E. JUP.NARR.	14 CITY-ST-ZIP	Hobe Sound, FL 33455
TITLE	B. W. Huddle	21 TITLE	☐ Change ☐ Addition
NAME	10680 S. E. Jup. Narr. Dr.	22 NAME	
STREET ADDRESS	Hobe Sound, FL 33455	23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		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 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: B.W. Huddle B.W. HUDDLE 3-10-95 (407) 546-7971
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR (Date) (Daytime Phone #)

0960610 CP