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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M84822

FILED Feb 19, 1999 8:00am **Secretary of State**

02-19-1999 90021 002 ***150.00

DUDLE	EY HOMESTEAD, INC.)	ii 2/3() 010)1 0(3()	
Principal Pl	lace of Business	Mailing Address					
565 ELM STE FITCHBURG	REET	565 ELM STREET FITCHBURG MA 01420		372			
		FITCHBURG MA U1420		DO NOT WRITE IN TH	IS SPACE		
				3. Date Incorporated or Qualifed			٦
2. Principal	Place of Business			06/06/1988			
21	Hace of business	2a. Mailing Address		4. FÉI Number	A	Applied For	7
Suite, Ap	ot. #, etc.	Suite, Apt. #, etc.		NOT APPLICABLE		lot Applicable]
22		27		5. Certifcate of Status Desired		Additional	1
City & St	late	City & State		6. Election Campaign Financing		Required	$\frac{1}{2}$
23	<u> , </u>	28		Trust Fund Contribution		May Be to Fees	Ì
Zip 24	Country	Zip	Country	8. This corporation owes the current year li			┥╌
[24]	25 9. Name and Address of Cu	29	30	Personal Property Tax.	☐ Yes	□No	
<u> </u>	- Name and Address of Cu	rrent Registered Agent	81 Name	10. Name and Address of New Registered	d Agent		1
DUI	DLEY, EVERETT H., JR.		81 Name				
21767 HIGH PINE TR.		82 Street Add	lress (P.O. Box Number is Not Acceptable)	 _		1	
800	CA RATON FL 33428		83		-		4
			84 City	FL		Code	
11. Pursuan office or	it to the provisions of Sections 607.1 registered agent, or both, in the Sta	0502 and 607.1508, Florida Statute ate of Florida, Such change was a	es, the above-named corp		<mark>− </mark> f changing its	registered	$\{$
agent. I :	alli iamilial with and accent the ob-	ligations of Section 607 AFOF TIL	aloneca by the corporati	or a board or directors. I hereby accept the appo	intment as re	eastered	ł
agent. 1	am ramiliar with, and accept the ob	ligations of, Section 607.0505, Flor	ida Statutes.	coration submits this statement for the purpose of on's board of directors. I hereby accept the appo	ointment as re	egistered	ĺ
SIGNATURE	arri familiar with, and accept the objection of the state of segments are street arrived to the state of the	ligations of, Section 607.0505, Flor	ida Statutes.	accept the appo	intment as re	egistered	
SIGNATURE	Signature, typed or printed name of registered OFFICERS	ligations of, Section 607.0505, Flor agent and title if applicable. (NOTE: AND DIRECTORS	ida Statutes. Registered Agent signature require 13.	ad when reinstating)		egisterea	ĺ
SIGNATURE 12.	Signature, typed or printed name of registered OFFICERS	ligations of, Section 607.0505, Flor agent and title if applicable. (NOTE:	ida Statutes. Registered Agent signature require	accept the appo		egisterea	11/00)
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered OFFICERS S DUDLEY JR., EVERETT H.	ligations of, Section 607.0505, Flor agent and title if applicable. (NOTE: AND DIRECTORS	Registered Agent signature require	ad when reinstating)	ND DIRECTO	DRS IN 12	741/00)
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SIGNATURE 12. 1//LE NAME STREET ADDRESS CITY-SI-ZIP	Signature, typed or printed name of registered OFFICERS S DUDLEY JR., EVERETT H. 21767 HIGH PINE TR. BOCA RATON FL	ligations of, Section 607.0505, Flor agent and title if applicable. (NOTE: AND DIRECTORS	Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	ad when reinstating)	ND DIRECTO	DRS IN 12	P2E034 (44/00)
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered OFFICERS S DUDLEY JR., EVERETT H. 21767 HIGH PINE TR. BOCA RATON FL PD	ligations of, Section 607.0505, Flor agent and title if applicable. (NOTE: AND DIRECTORS	Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	ad when reinstating)	ND DIRECTO	DRS IN 12	CB2E034 (41/00)
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SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered OFFICERS S DUDLEY JR., EVERETT H. 21767 HIGH PINE TR. BOCA RATON FL PD BELLERMANN, MARCIA E. 565 ELM STREET FITCHBURG MA	Iligations of, Section 607.0505, Flor agent and title if applicable. (NOTE: AND DIRECTORS DELETE	Registered Agent signature require 13. 1,1 TITLE 1,2 NAME 1,3 STREET ADDRESS 1,4 CITY-ST-ZIP 2,1 TITLE 2,2 NAME 2,3 STREET ADDRESS 2,4 CITY-ST-ZIP 3,1 TITLE 3,2 NAME 3,3 STREET ADDRESS	ad when reinstating)	ND DIRECTO	ORS IN 12 Addition	CR2E034 (11/08)
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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 Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: