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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000025766 (5)

ROBERT E. DUDLEY & ASSOCIATES, INC.

Principal Place of Business Mailing Address 842 BENCHWOOD CT. 642 BENCHWOOD CT. CASSELBERRY FL 32706 CASSELBERRY FL 32706-5109						
					3. Date Incorporated or Qualified 3a. Date of Last Report 04/06/1993 01/26/1996	
2. Principal P	lace of Business	26. Mailing Address			4. FEI Number Applied For	
21		26			59-3176034 Not Applica	
Sulte, Apt. #, etc.		Suite, Apt. #, etc. 27			5. Certificate of Status Desired S8.75 Additional Fee Required	
City & State		City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip 24	Country 25	Zip 29	30 Coun	lry	8. This corporation has liability for intangible tax under s 199.032 Florida Statutes Yes Too	
	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New Registered Agent	
DUDLEY, ROBERT E				81 Name		
842 BENCHWOOD CT.			Īē	2 Street	at Address (P.O. Box Number is Not Acceptable)	
UA)	SSELBERRY FL 32708		83			
			[8	4 City	EL 85 Zip Code	
SIGNATURE	Signature, typed or printed name of registered a OFFICERS A	gent and title if applicable (N NO DIRECTORS	Olf : Registered /	Agent signature	use (equited when reinstalling) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	DELETE	11 †I]L		5/7 Change Addi	
NAME	DUDLEY, ROBERT E		1,2 NAN	16	JANICE K. DUDLEY BAZ BENCHWOOD CT CASSELBERRY FL 32708	
STREET ADDRESS	842 BENCHWOOD CT.		4	ET ADDRESS	842 DENCHWOOD CT	
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NAME CERCET ADDRESS			5.2 NAM			
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -\$1-7IP	»	
TITLE		DELETE	6.1 THL		Change Addi	

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 eath; 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 on an attachment with an address.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

WITE DINIVERY RESETE THON

4-30.97

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FILED

May 14 1997 8:00am

Secretary of State