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Secretary of State

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DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION
ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000025766

1. Corporation Name
ROBERT E. DUDLEY & ASSOCIATES, INC.

Principal Place of Business
842 BENCHWOOD CT.
CASSELBERRY FL 32708

Mailing Address
842 BENCHWOOD CT.
CASSELBERRY FL 32708

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

3. Date Incorporated or Qualified
04/06/1993

4. FEI Number
59-3176034

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

9. Name and Address of Current Registered Agent
DUDLEY, ROBERT E
842 BENCHWOOD CT.
CASSELBERRY FL 32708

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
DUDLEY, ROBERT E
842 BENCHWOOD CT.
CASSELBERRY FL 32708

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

ST
DUDLEY, JANICE K
842 BENCHWOOD CT
CASSELBERRY FL 32708

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
DUDLEY, ROBERT E
842 BENCHWOOD CT.
CASSELBERRY FL 32708

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
DUDLEY, ROBERT E
842 BENCHWOOD CT.
CASSELBERRY FL 32708

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
DUDLEY, ROBERT E
842 BENCHWOOD CT.
CASSELBERRY FL 32708

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
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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:

ROBERT E. DUDLEY
Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

1-15-99

407 696 8858

CR2E034 (1/98)