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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 09, 1999 8:00am

**Secretary of State** 

02-09-1999 90003 002 \*\*\*150.00

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P93000025766 1. Corporation Name

ROBERT E. DUDLEY & ASSOCIATES, INC.

]	•				
Principal P	Place of Business	Mailing Address	<del></del>		<u> </u>
842 BENCHWOOD CTCASSELBERRY FL 32708  842 BENCHWOOD CTCASSELBERRY FL 32708			l		
				DO NOT WRITE IN THIS SPACE	
•	•			3. Date Incorporated or Qualifed	
2. Principa	I Place of Business	2a. Mailing Address	· · · · · · · · · · · · · · · · · · ·	04/06/1993	
21		26 Walling Address		4. FEI Number	Applied For
Suite, Apt. #, etc. Suite, Apt. #, etc.			59-3176034	Not Applicable	
22 27			5. Certificate of Status Desired	\$8.75 Additional	
City & State City & State			6 Flories Council Fig. 1	Fee Required	
23 28			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be	
Zip Country Zip		Country	This corporation owes the current year	Added to Fees	
24	25	29	30	Personal Property Tax.	☐ Yes ☑No
	9. Name and Address of Curre	ent Registered Agent		10. Name and Address of New Registers	ed Agent
	JDLEYROBERT E	A State of the	81 Name		
842 BENCHWOOD CT.			82 Street Add	dress (P.O. Box Number is Not Acceptable)	
CASSELBERRY FL 32708		<u> </u>	2 F 11 * 1 . 1 . 1 . 1 . 1 . 1 . 1 . 1 . 1	روس جدور وما ارتيام، رقع اما هيء	
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	·		84 City	es et a les transfer de la figura de la companya del companya de la companya de la companya del companya de la companya del la companya de la	. 85 Zip Code
11. Pursua	of to the provisions of Sections 607.05	00 and 007 4500 Et al. 00		poration submits this statement for the purpose	LI
agent. I	am ramiliar with, and accept the obliga	of Florida. Such change was a ations of, Section 607.0505, Flo	authorized by the corporat orida Statutes.	poration submits this statement for the purpose ion's board of directors. I hereby accept the app	or changing its registered cointment as registered
٠	Signature, typed or printed name of registered age	ent and title if applicable. (NOTI	E: Registered Agent signature require	ed when reinstating) DATE	
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	D. DUDLEY DODEST F	DELETE	1.1 TITLE	3963/676	☐ Change ☐ Addition
NAME	DUDLEY, ROBERT E	•	1.2 NAME		- · -
STREET ADDRES	1		1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	CASSELBERRY FL 32708 ST		1.4 CITY-ST-ZIP	<u> </u>	
NAME	DUDLEY, JANICE K	☐ DÉLETE	2.1 TITLE		☐ Change ☐ Addition
STREET ADDRESS	AIA BELIAIRWAAN AN		2.2 NAME		
STREET ADDRESS	CASSELBERRY FL		2.3 STREET ADDRESS		ĺ
MILE	ONOCEDENTIFE OF THE STATE OF TH		2. 4 CITY-ST-ZIP		
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ITLE		•	3.4. CITY-ST-ZIP		i terro do testigos.
AME NORTH	150.00	□ DELETE			<u>- 新名三</u> - 13.碳镁
TREET ADDRESS		☐ DELETE	4.1 TITLE		Change Addition
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TLE	(T) (1.0)		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS		. हा र विकास
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AME	7.1.2	朝 报 北京	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE	The second secon	. हा र विकास
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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 efficiency 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

407 696 8858

1 93