

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY 26 AM 8:54

DOCUMENT # P93000051150 (9)

1. Corporation Name

HUDKINS-PRICE & COMPANY, P.A.

Principal Place of Business

100 RIALTO PL
SUITE 753
MELBOURNE FL 32901

Mailing Address

100 RIALTO PL
SUITE 753
MELBOURNE FL 32901

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/21/1993

3a. Date of Last Report

07/18/1994

4. FEI Number

59-3193143

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

2. Principal Place of Business

21 1704 AIRPORT BLVD.

Suite, Apt., etc.

22 SUITE B

City & State

23 MELBOURNE, FL

Zip

24 32901

Country

25 BREVARD

2a. Mailing Address

26 1704 AIRPORT BLVD

Suite, Apt., etc.

27 SUITE B

City & State

28 MELBOURNE, FL

Zip

29 32901

Country

30 BREVARD

9. Name and Address of Current Registered Agent

FILINGS, INC.
3732 NW 16TH ST
FT LAUDERDALE FL 33311

10. Name and Address of Now 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

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when resigning)

(Date)

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	HUDKINS, MICHAEL L
STREET ADDRESS	100 RIALTO PL SUITE 753
CITY ST ZIP	MELBOURNE FL 32901
TITLE	D
NAME	PRICE, CHARLES C
STREET ADDRESS	100 RIALTO PL SUITE 753
CITY ST ZIP	MELBOURNE FL 32901
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☒ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	1704 AIRPORT BLVD., SUITE B
14 CITY ST ZIP	MELBOURNE, FL 32901
21 TITLE	☒ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	1704 AIRPORT BLVD., SUITE B
24 CITY ST ZIP	MELBOURNE, FL 32901
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY ST ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY ST ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY ST ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY ST ZIP	

14. I do 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)(k), 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:

Michael L. Hudkins

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL L. HUDKINS, PRESIDENT

5/16/95 407-226-4429

(Date)

(Signature Number)