FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P93000052104 (5)**

1. Corporation Name

HUDSON CONSULTING, INC.

Principal Place of Business	Mailing Address
2107 NE 4TH AVE BOCA RATON FL 33431-8124	2107 NE 4TH AVE BOCA RATON FL 33431-8124

3. Date Incorporated or Qualified: 07/20/1993

3a. Date of Last Report: 04/25/1995

2. Principal Place of Business	2a. Mailing Address
21 632 Horizon Lane	26 632 Horizon Lane
Suite, Apt. #, etc 22	Suite, Apt. #, etc. 27
City & State 23 Port St. Lucie, FL	City & State 28 Port St. Lucie, FL
Zip / Country 24 34983 / 25	Zip / Country 29 34983 / 30

4. FEI Number: 65-0426733 ☐ 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

9. Name and Address of Current Registered Agent

HUDSON, LINDA
2107 NE 4TH AVE
BOCA RATON FL 33431-8124

10. Name and Address of New Registered Agent

81 Name: Hudson, Linda

82 Street Address (P.O. Box Number is Not Acceptable): 632 Horizon Lane

83

84 City: Port St. Lucie **FL** 85 Zip Code: 34983

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: Linda Hudson Linda Hudson PD 4-25-96
Signature, Type or Print Name of Individual | (NOTE: Registered Agent Signature Required When Filing) | DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	11 TITLE	PD	☐ Change ☐ Addition
NAME	HUDSON, LINDA		12 NAME	Hudson, Linda	
STREET ADDRESS	2107 NE 4TH AVE		13 STREET ADDRESS	632 Horizon Lane	
CITY-ST-ZIP	BOCA RATON FL 33431-8124		14 CITY-ST-ZIP	Port St. Lucie, FL, 34983	
TITLE		☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME			22 NAME		
STREET ADDRESS			23 STREET ADDRESS		
CITY-ST-ZIP			24 CITY-ST-ZIP		
TITLE		☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME			32 NAME		
STREET ADDRESS			33 STREET ADDRESS		
CITY-ST-ZIP			34 CITY-ST-ZIP		
TITLE		☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E034 (12/95)

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)(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.

SIGNATURE: Linda Hudson 4-25-96 407-878-9322
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #