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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # P95000062824 (4)

HUDSON MANAGEMENT SYSTEMS, INC.

Principal Place of Business

Mailing Address



1000 RIVERSIDE AVENUE. SUITE 400 JACKSONVILLE FL 32204		1000 RIVERSIDE AVENIJE. SUITE 400 JACKSONVILLE FL 32204				
				3. Date Incorporated or Qualified 08/15/1995	3a. Date of Last F	leport
2. Principal Plac	ce of Business	2a. Mailing Address		4. FLI Number		Applied For
21 1000	Riverside Ave		versde Auc	J9-332994	—— ⊢—	Not Applicable
Suite, Apl. #,		Suite, Apt. #, etc.			\$8.7!	5 Additional
22 Svil	c 301	27 Suite :	301	5. Certificate of Status Desired	1 1	Required
City & State	("	City & State	(<u> </u>	Election Campaign Financing Trust Fund Contribution		O May Be d to Fees
Zip 24 32.2 (Country 25	Zip 29 ろうつこと	Gountry 30	This corporation has liability for i Florida Statutes	intangible tax under s	199.032,
	9. Name and Address of Current		[2-1	10. Name and Address of New R		
343 ALI CORAL	W FIRM OF LAWRENCE J SPIE MERIA AVENUE GABLES FL 33134		82 Street Add 83	Ronald W. Hudson dress (P.O. Box Number is Not Acceptable 1000 Rivers, de A Scite 01	FI 85 Z	p Code
	the provisions of Sections 607.0532; d agent, or that, in the State of Florida , and account the mation of Section	and 607.1508, Florida Statut a. Such change was authoriz in 607.0505, Florida Statutes	tes, the above named corpored by the corporation's books. S.	oration submits this statement for the pur ard of directors. I hereby accept the appr	rpose of changing its ointment as registered	registered offici d agent. I am
SIGNATURE s	ignaty typed of printed name of registered againt a		OTL: Registered Agent signature requir	red when reinstating)	DATE	
	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTO	DRS IN 12
S	OFFICERS AND PSTD		13. 1.13 TILE	ADDITIONS/CHANGES TO OFF		DRS IN 12
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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 changing, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/16 904/358-2385