

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 # P95000091870 (2)

1. Corporation Name

HUDRO, INC.



Principal Place of Business

57 SOLANA ROAD
PONTE VEDRA BEACH FL 32082-2828

Mailing Address

57 SOLANA ROAD
PONTE VEDRA BEACH FL 32082-2828

2. Principal Place of Business

21 995 Atlantic Blvd.

Suite, Apt. #, etc.

22 14

City & State

23 Atlantic Beach, FL

Zip

24 32233

Country

25 USA

2a. Mailing Address

26 57 Solana Rd.

Suite, Apt. #, etc.

27 -

City & State

28 Ponte Vedra Beach, FL

Zip

29 32082

Country

30 USA

3. Date Incorporated or Qualified

12/04/1995

3a. Date of Last Report

12/95

4. FEI Number

59-3347144

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

BUSCHMAN, ALBERT E JR.
2215 SOUTH THIRD STREET
SUITE 101
JACKSONVILLE BEACH FL 32250

10. Name and Address of New Registered Agent

81 Name

Thomas Jenks

82 Street Address (P.O. Box Number is Not Acceptable)

200 West Forsyth St.

83

Suite 1400

84

Jacksonville

FL

85 Zip Code

32202

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

Thomas Jenks

REGISTERED AGENT THOMAS JENKS

4/24/95

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

(NOTE: Registered Agent signature required when registering.)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME HUDSON, DOUGLAS A
STREET ADDRESS 57 SOLANA ROAD
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082-2828

TITLE ☐ DELETE

NAME HUDSON, DAWN R
STREET ADDRESS 57 SOLANA ROAD
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082-2828

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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:

Thomas Jenks
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

4/22/96

Daytime Phone #

904-285-1066

CR2E034 (12/95)