

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

FILED  
Apr 08 1998 8:00am  
Secretary of State

DOCUMENT # **P96000025853 (8)**

1. Corporation Name

**HUDSON VALLEY CORP.**

Principal Place of Business

**POST OFFICE DRAWER 80205  
FORT MYERS FL 33906**

Mailing Address

**POST OFFICE DRAWER 80205  
FORT MYERS FL 33906**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**21 803 Miramar Street**

2a. Mailing Address

**26 Suite, Apt. #, etc.**

Suite, Apt. #, etc.

**22 City & State**

**27 City & State**

**23 Cape Coral, FL**

**28 Zip Country**

**24 33904**

**25 USA**

**29**

**30**

3. Date Incorporated or Qualified

**03/21/1996**

4. FEI Number

**65-0660403**

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**ROYSTON, ROBERT D JR.  
12870 NEW BRITTANY BLVD., SUITE 101  
FORT MYERS FL 33907**

10. Name and Address of New 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**D  
FOSS, KENNETH  
BOX 652A SARAH WELLS TRAIL  
CAMPBELL HALL NY 10916**

TITLE ☐ DELETE

**T  
ROBERT FLYNN  
466 Ridge Road  
Campbell Hall, NY 10916**

TITLE ☐ DELETE

**S  
INGRID FOSS  
P.O. Box 273  
Campbell Hall, NY 10916**

TITLE ☐ DELETE

**T  
MARY FLYNN  
466 Ridge Road  
Campbell Hall, NY 10916**

TITLE ☐ DELETE

**VP  
P.O. Box 273  
Campbell Hall, NY 10916**

TITLE ☐ DELETE

**VP  
P.O. Box 273  
Campbell Hall, NY 10916**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☒ Addition

☐ Change ☒ Addition

☐ Change ☒ Addition

☐ Change ☒ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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 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:

*[Signature]*

*3/15/98*

CR2E034 (10/97)