

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

FILED
Jan 22, 1999 8:00am
Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

01-22-1999 90080 043 ****150.00

DOCUMENT # 242724

1. Corporation Name
L.M. HUGHEY COMPANY.



Principal Place of Business
**205 SOUTH HOOVER STREET
 TAMPA FL 33609**

Mailing Address
**205 SOUTH HOOVER STREET
 TAMPA FL 33609**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/09/1960

4. FEI Number
59-0943571 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 the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip Country
 24 25

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip Country
 29 30

9. Name and Address of Current Registered Agent
**HUGHEY, L M
 205 SOUTH HOOVER STREET
 TAMPA FL 33609**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	VD <input type="checkbox"/> DELETE
NAME	FARMER, JD
STREET ADDRESS	205 S HOOVER ST #400
CITY-ST-ZIP	TAMPA, FL 00000
TITLE	T <input type="checkbox"/> DELETE
NAME	RAWLINS, WANITA M.
STREET ADDRESS	205 S. HOOVER ST.
CITY-ST-ZIP	TAMPA FL
TITLE	SD <input type="checkbox"/> DELETE
NAME	CARTER, SHIRLEY H.
STREET ADDRESS	205 SOUTH HOOVER ST
CITY-ST-ZIP	TAMPA, FL 00000
TITLE	PD <input type="checkbox"/> DELETE
NAME	HUGHEY, MIKE L.
STREET ADDRESS	205 SOUTH ST.
CITY-ST-ZIP	TAMPA, FL 00000
TITLE	VASD <input type="checkbox"/> DELETE
NAME	BROWNE, DAN
STREET ADDRESS	205 S. HOOVER ST.
CITY-ST-ZIP	TAMPA FL
TITLE	V <input type="checkbox"/> DELETE
NAME	THATCHER CAROLYN
STREET ADDRESS	205 SHOOVER ST #400
CITY-ST-ZIP	TAMPA FL 33609

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 1-27-99 (813) 286 2323
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)