

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90121 002 ***150.00

DOCUMENT # F35010

1. Entity Name

HOUGH BROTHERS, INC.

Principal Place of Business

1950 PALM BAY RD. NE
 PALM BAY FL 32905

Mailing Address

1950 PALM BAY RD. NE
 PALM BAY FL 32905-2980

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2114590

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

605149



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

FRESE, GARY, B., ESQUIRE
903 S. HARBOR CITY BLVD. #508
MELBOURNE FL 32901

7. Name and Address of New Registered Agent

Name

Same

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

930 S. Harbor City Blvd #505

City

Same

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	S	<input type="checkbox"/> Delete
NAME	HOUGH, SANDRA J.	
STREET ADDRESS	1598 MANZANITA ST. N.W.	
CITY-ST-ZIP	PALM BAY FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	HOUGH, CHARLES V	
STREET ADDRESS	2161 TARRYTOWN LANE	
CITY-ST-ZIP	PALM BAY FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HOUGH, RAYMOND W	
STREET ADDRESS	230 BRANTLEY ST.	
CITY-ST-ZIP	PALM BAY FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<i>Same</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Same</i>	
STREET ADDRESS	<i>1112 Citrus Ave N.E.</i>	
CITY-ST-ZIP	<i>Palm Bay Fl. 32905</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Sandra J. Hough, Corp. Sec.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-13-00

Date

407-725-2995

Daytime Phone #

CR2F034 (9/99)