

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F43700

1. Corporation Name
Harry McHugh Associates, Inc.
1717 LAKESHORE DR.

Principal Place of Business

Mailing Address

ORLANDO, FL, 32803

2. Principal Place of Business

2a. Mailing Address

21 1717 LAKESHORE DR.

26 ORLANDO, FL. 32803

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 ORLANDO, FL

City & State

24 32803

Country

Zip

Country

29

Zip

25 U.S.A.

Country

29

Zip

26

Country

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Zip

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

3a. Date of Last Report

9/11/81

4. FEI Number

59-2129227

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

10. Name and Address of New Registered Agent

81 Name

MC HUGH, HARRY B

82 Street Address (P.O. Box Number is also acceptable)

1717 LAKESHORE DR.

83

84 City

ORLANDO

FL

85

Zip Code
32803

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

MC HUGH, HARRY B

Harry B McHugh

4/29/96

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

(NOTE: Registered Agent signature required on reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME
HARRY B MC HUGH
STREET ADDRESS
1717 LAKESHORE DR.
CITY-ST-ZIP
ORLANDO, FL. 32803

☐ DELETE

TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

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

6.5 TITLE

6.6 NAME

6.7 STREET ADDRESS

6.8 CITY-ST-ZIP

☐ Change

☐ Addition

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***200.00

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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:

Harry B McHugh Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/96

OR

Daytime Phone #

CR2E034 (12/95)