

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 7 11 3:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(DO NOT WRITE IN THIS SPACE)

DOCUMENT # J83302 (6)
1. Corporation Name
HUGHES AVIATION, INC.

Principal Place of Business: **20 N ORANGE AVE SUITE 200 ORLANDO FL 32801**
Mailing Address: **20 N ORANGE AVE SUITE 200 ORLANDO FL 32801**

2. Principal Place of Business: **21**
2a. Mailing Address: **26**

State: **31** City & State: **37**

City & State: **23** City & State: **28**

Zip: **24** County: **25** Zip: **29** County: **30**

3. Date Incorported or Qualified: **07/20/1987** 3a. Date of Last Report: **03/16/1994**

4. FEI Number: **59-2824678** 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**

7. This corporation has liability for information for Section 607.502, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**BLACKFORD, ROBERT N.
TWO S. ORANGE AVE
ORLANDO FL 32801**

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 607.0607 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 607.1502, Florida Statutes.

SIGNATURE: _____ (Signature of Registered Agent) _____ (Signature of Agent)

12. OFFICERS AND DIRECTORS

TITLE: VD	NAME: HUGHES, RUSSELL V.
STREET ADDRESS: 20 N ORANGE AVE	CITY, ST. ZIP: ORLANDO FL
TITLE: PSTD	NAME: HUGHES, DAVID H.
STREET ADDRESS: 20 N ORANGE AVE	CITY, ST. ZIP: ORLANDO FL
TITLE: VD	NAME: HUGHES, VINCENT S.
STREET ADDRESS: 20 N ORANGE AVE	CITY, ST. ZIP: ORLANDO FL
TITLE: AT	NAME: ZEPF, J. STEPHEN
STREET ADDRESS: 20 N ORANGE AVE	CITY, ST. ZIP: ORLANDO FL
TITLE:	NAME:
STREET ADDRESS:	CITY, ST. ZIP:
TITLE:	NAME:
STREET ADDRESS:	CITY, ST. ZIP:

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: D	NAME: HUGHES, RUSSELL V.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 20 N ORANGE AVE, STE 200	CITY, ST. ZIP: ORLANDO, FL 32801	
TITLE: D	NAME: HUGHES, DAVID H.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 20 N ORANGE AVE, STE 200	CITY, ST. ZIP: ORLANDO, FL 32801	
TITLE:	NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY, ST. ZIP:	
TITLE:	NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY, ST. ZIP:	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 607.0607, Florida Statutes. I further certify that the information included in this annual report is the appropriate annual report in form and substance 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 make this report as required by Chapter 607, Florida Statutes, and that my name appears in block 12 or 13 of this report, or on any attachment with an address.

SIGNATURE: **J. Stephen Zepf** **4/27/95** **(407) 841-4755**

NUMBER AND PRINTED NAME OF BONDING OFFICER OR DIRECTOR