

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 242724

Entity Name: L.M. HUGHEY COMPANY.**Current Principal Place of Business:**205 SOUTH HOOVER STREET
400
TAMPA, FL 33609**Current Mailing Address:**205 SOUTH HOOVER STREET
400
TAMPA, FL 33609**FEI Number:** 59-0943571**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WILSON, STYLES
205 SOUTH HOOVER STREET
400
TAMPA, FL 33609 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	D
Name	FARMER, JD
Address	205 S HOOVER ST #400
City-State-Zip:	TAMPA FL 33609
Title	VP, DIRECTOR
Name	CARTER, SHIRLEY A
Address	205 SOUTH HOOVER ST
City-State-Zip:	TAMPA FL
Title	VP, DIRECTOR
Name	GRANELL, ALLISON
Address	205 SOUTH HOOVER STREET 400
City-State-Zip:	TAMPA FL 33609

Title	PRESIDENT, DIRECTOR
Name	THATCHER, CAROLYN
Address	205 S. HOOVER ST.
City-State-Zip:	TAMPA FL 33609
Title	VP, DIRECTOR, SECRETARY
Name	ANGLIN, KIMBERLY
Address	205 SOUTH HOOVER STREET 400
City-State-Zip:	TAMPA FL 33609
Title	VP, DIRECTOR, TREASURER
Name	THATCHER, JONATHAN
Address	205 SOUTH HOOVER STREET 400
City-State-Zip:	TAMPA FL 33609

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SHIRLEY CARTER

VP

03/01/2017

Electronic Signature of Signing Officer/Director Detail_____
Date