FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **149969** **(8)**

1. Corporate Name
HUGHES SUPPLY, 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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/31/1947**
3a. Date of Last Report: **03/16/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. # or P.O. Box — 22
Suite, Apt. # or P.O. Box — 27
City & State — 23
City & State — 28
Zip — 24
County — 25
Zip — 29
County — 30

4. FEI Number: **59-0559446** — 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 Chapter 199, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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 607.0505 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: [illegible]

12. OFFICERS AND DIRECTORS

TITLE	V
NAME	HALL, A.S.
STREET ADDRESS	20 N ORANGE AVE
CITY ST ZIP	ORLANDO FL
TITLE	CPD
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., SUITE 200
CITY ST ZIP	ORLANDO FL
TITLE	T
NAME	ZEPF, J.STEPHEN
STREET ADDRESS	20 N ORANGE AVE
CITY ST ZIP	ORLANDO FL
TITLE	SD
NAME	BLACKFORD, ROBERT N.
STREET ADDRESS	TWO SOUTH ORANGE PLAZA
CITY ST ZIP	ORLANDO FL
TITLE	VD
NAME	HUGHES, RUSSELL V.
STREET ADDRESS	20 N. ORANGE AVE., SUITE 200
CITY ST ZIP	ORLANDO FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	DP	X Change ☐ Addition
1. NAME	HALL JR, A.S.	
1. STREET ADDRESS	20 N ORANGE AVE, STE 200	
1. CITY ST ZIP	ORLANDO, FL 32801	
2. TITLE	CD	XX Change ☐ Addition
2. NAME	HUGHES, DAVID H.	
2. STREET ADDRESS	20 N ORANGE AVE, STE 200	
2. CITY ST ZIP	ORLANDO, FL 32801	
3. TITLE		☐ Change ☐ Addition
3. NAME		
3. STREET ADDRESS		
3. CITY ST ZIP		
4. TITLE		☐ Change ☐ Addition
4. NAME		
4. STREET ADDRESS		
4. CITY ST ZIP		
5. TITLE		☐ Change ☐ Addition
5. NAME		
5. STREET ADDRESS		
5. CITY ST ZIP		
6. TITLE		☐ Change ☐ Addition
6. NAME		
6. STREET ADDRESS		
6. CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing is true and fully furnished and does not qualify for the exemption stated in Section 119.07(3)(ii), 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 this corporation or that my name appears on the roster of officers and directors of this corporation as filed with, or to be filed with, the next annual report to be filed pursuant to Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or on an attachment with the address.

SIGNATURE: [signature] J. Stephen Zepf 4/27/95 (407) 841-7755

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0063807 CP