

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Feb 03 1997 8:00am
Secretary of StatePROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSDOCUMENT # **149969** (8)1. Corporation Name
HUGHES SUPPLY, INC.

Principal Place of Business

Mailing Address

**20 N ORANGE AVE
SUITE 200
ORLANDO FL 32801****20 N ORANGE AVE
SUITE 200
ORLANDO FL 32801-4604**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

01/31/1947

3a. Date of Last Report

05/01/1996

4. FEI Number

59-0559446

Applied For

Not Applicable

5. Certificate of Status Desired

☐**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐**\$5.00 May Be
Added to Fees**8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☒ Yes☐ No**THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

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 607.0502 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

Sign where: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	HALL, JR A	
STREET ADDRESS	20 N ORANGE AVE, STE 200	
CITY - ST - ZIP	ORLANDO FL	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	HUGHES, DAVID H.	
STREET ADDRESS	20 N ORANGE AVE, STE 200	
CITY - ST - ZIP	ORLANDO FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HUGHES, VINCENT S.	
STREET ADDRESS	20 N. ORANGE AVE., SUITE 200	
CITY - ST - ZIP	ORLANDO FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	ZEPF, J. STEPHEN	
STREET ADDRESS	20 N ORANGE AVE	
CITY - ST - ZIP	ORLANDO FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BLACKFORD, ROBERT N.	
STREET ADDRESS	TWO SOUTH ORANGE PLAZA	
CITY - ST - ZIP	ORLANDO FL	
TITLE	VD	<input type="checkbox"/> DELETE
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

1.1 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	BENJAMIN P. BUTTERFIELD	
1.3 STREET ADDRESS	20 N ORANGE AVE, STE 200	
1.4 CITY - ST - ZIP	ORLANDO FL 32801	
2.1 TITLE	AS/AT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	JACQUEL K. CLARK	
2.3 STREET ADDRESS	20 N ORANGE AVE, STE 200	
2.4 CITY - ST - ZIP	ORLANDO FL 32801	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JACQUEL K. CLARK

1/14/97

407-841-4755

Date

Daytime Phone #

CR2E034 (9/96)