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CORPORATION ANNUAL REPORT 1995



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

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # 195163 (1)
1. Corporation Name
ALBERT HUGO ASSOCIATES, INC.

Principal Place of Business: 3139 PHILLIPS HWY. JACKSONVILLE FL 32207
Mailing Address: 3139 PHILLIPS HWY. JACKSONVILLE FL 32207

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/08/1956
3a. Date of Last Report: 03/16/1994
4. FEI Number: 59-0777240
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

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30
Suits, Apt. #, etc.
City & State
Zip
Country

9. Name and Address of Current Registered Agent
**HUGO, RICHARD A.
3139 PHILLIPS HWY.
JACKSONVILLE FL 34307**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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: _____ (NOTE: Registered Agent signature required when re-registering) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	VD
NAME	HAPSIS, MARILYN
STREET ADDRESS	3139 PHILLIPS HWY
CITY-ST-ZIP	JACKSONVILLE, FL 0
TITLE	PD
NAME	HUGO, RICHARD A
STREET ADDRESS	3139 PHILLIPS HWY
CITY-ST-ZIP	JACKSONVILLE, FL 0
TITLE	TD
NAME	HUGO, RENEE
STREET ADDRESS	3139 PHILLIPS HWY
CITY-ST-ZIP	JACKSONVILLE, FL 0
TITLE	SD
NAME	HUGO, EDWARD E
STREET ADDRESS	3139 PHILLIPS HWY
CITY-ST-ZIP	JACKSONVILLE, FL 0
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 addition report with an address.

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