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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **275231** (9)

1. Corporation Name
HUGHES MANUFACTURING, INC.

Principal Place of Business	Mailing Address
11910-62 STREET NORTH LARGO FL 34643-3705	11910-62 STREET NORTH LARGO FL 33773-3705

3. Date Incorporated or Qualified: **10/30/1963**
3a. Date of Last Report: **04/09/1996**

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: 33773 — Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: 33773 — Country — 30:

4. FEI Number: **59-1026941** ☐ 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

9. Name and Address of Current Registered Agent

HARTZELL, DAVID
11910 62ND STREE, NORTH
LARGO FL 34643

10. Name and Address of New Registered Agent

81 Name: David Hartzell
82 Street Address (P.O. Box Number is Not Acceptable): 11910 62nd Street North
83
84 City: Largo **FL** 85 Zip Code: 33773

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	V	☐ Change ☐ Addition
NAME	OPP, CAROL		1.2 NAME	Doug Folker	
STREET ADDRESS	6508 NW 27TH PLACE		1.3 STREET ADDRESS	1856 Murray Ave.	
CITY-ST-ZIP	GAINESVILLE FL		1.4 CITY-ST-ZIP	Clearwater, Fl.	
TITLE	CD	☐ DELETE	2.1 TITLE	V	☐ Change ☑ Addition
NAME	SHERER, CARL D.		2.2 NAME	Joseph Abene	
STREET ADDRESS	18450 GULF BLVD N #502		2.3 STREET ADDRESS	9945 88th St. N.	
CITY-ST-ZIP	INDIAN SHORES FL		2.4 CITY-ST-ZIP	Seminole, Fl.	
TITLE	STD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SHERER, ALFREDA		3.2 NAME		
STREET ADDRESS	18450 GULF BLVD N #502		3.3 STREET ADDRESS		
CITY-ST-ZIP	INDIAN SHORES FL		3.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	HARTZELL, DAVID		4.2 NAME		
STREET ADDRESS	8334 MONARCH CIR		4.3 STREET ADDRESS		
CITY-ST-ZIP	SEMINOLE, FL 00000		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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] 5/29/97 (813)531-0991