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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 275231

(9)

HUGHES MANUFACTURING, INC.

FILED Mar 13 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 11910-62 STREET NORTH 11910-62 STREET NORTH **LARGO FL 33773 LARGO FL 33773** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/30/1963 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-1026941 26 Not Applicable Suite, Apt. #. etc. Suite. Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **B1** HARTZELL, DAVID Name 11910 62ND STREE, NORTH 82 Street Address (P.O. Box Number is Not Acceptable) **LARGO FL 33773** 83 84 City Zip Code 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 Signature, typed or printed runno of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 TITLE Change Addition OPP. CAROL NAME 1.2 NAME 6508 NW 27TH PLACE STREET ADDRESS 1.3 STREET ADDRESS **GAINESVILLE FL** CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE DELETE 21 TITLE Change Addition SHERER, CARL D. NAME 2.2 NAME 18450 GULF BLVD N #502 STREET ADORESS 2.3 STREET ADDRESS INDIAN SHORES FL CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE TITLE 3.1 TITLE Change Addition SHERER, ALFREDA NAME 3.2 NAME 18450 GULF BLVD N #502 STREET ADDRESS 3.3 STREET ADDRESS INDIAN SHORES FL CITY-S1-ZIP 3.4. CITY-ST-2IP DELETE Change TITLE Addition 4.1 TITLE HARTZELL, DAVID NAME 4. 2 NAME 8334 MONARCH CIR STREET ADORESS 4.3 STREET ADDRESS SEMINOLE, FL 00000 CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE TITLE Change Addition 5.1 TITLE FOLKER, DOUG NAME 5.2 NAME 1836 MURRAY AE STREET ADDRESS 5.3 STREET ADORESS CLEARWATER FL CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE 61 TITLE Change Addition ABENE, JOSEPH NAME 6.2 NAME 9945 88TH ST N. STREET ADDRESS 6.3 STREET ADDRESS SEMINOLE FL CITY-ST-ZIP

14. I 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 shaplemental annual proof 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 of the procise on bowered to rescute 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.

Block 12 or Block 13 trohanged, or all an artaching it with an addre

SIGNATURE:

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