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FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90052 016 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 275231

1. Corporation Name

HUGHES MANUFACTURING, INC.

Principal Place of Business

11910-62 STREET NORTH
LARGO FL 33773
US

Mailing Address

11910-62 STREET NORTH
LARGO FL 33773
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/30/1963

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 607.0502 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 name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	OPP, CAROL
STREET ADDRESS	6508 NW 27TH PLACE
CITY-ST-ZIP	GAINESVILLE FL
TITLE	CD <input checked="" type="checkbox"/> DELETE
NAME	SHERER, CARL D.
STREET ADDRESS	18450 GULF BLVD N #502
CITY-ST-ZIP	INDIAN SHORES FL
TITLE	STD <input checked="" type="checkbox"/> DELETE
NAME	SHERER, ALFREDA
STREET ADDRESS	18450 GULF BLVD N #502
CITY-ST-ZIP	INDIAN SHORES FL
TITLE	PD <input type="checkbox"/> DELETE
NAME	HARTZELL, DAVID
STREET ADDRESS	8334 MONARCH CIR
CITY-ST-ZIP	SEMINOLE, FL 00000
TITLE	V <input type="checkbox"/> DELETE
NAME	FOLKER, DOUG
STREET ADDRESS	1836 MURRAY AE
CITY-ST-ZIP	CLEARWATER FL
TITLE	V <input type="checkbox"/> DELETE
NAME	ABENE, JOSEPH
STREET ADDRESS	9945 88TH ST N.
CITY-ST-ZIP	SEMINOLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	C <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Eugene Toombs
1.3 STREET ADDRESS	14515 North Outer Forty
1.4 CITY-ST-ZIP	Chesterfield, MD 63017-5746
2.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Art Sordo
2.3 STREET ADDRESS	14515 North Outer Forty
2.4 CITY-ST-ZIP	Chesterfield, MD 63017-5746
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	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	David Hartzell
4.3 STREET ADDRESS	10468 Longwood Drive
4.4 CITY-ST-ZIP	Largo, FL 33777
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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/23/99 727-536-7891

CR2E034 (11/98)