FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 16 AM 11:14

DOCUMENT # 467685 (4)

1. Corporation Name
HUGHES KENNELS, INC.

Principal Place of Business	Mailing Address
200 LONGWOOD LAKE MARY RD. LAKE MARY FL 32746	200 LONGWOOD LAKE MARY RD. LAKE MARY FL 32746

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/17/1975
3a. Date of Last Report: 03/07/1994

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

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

4. FEI Number: 59-1569022 ☐ 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

HUGHES, OTILIA L.
200 LONGWOOD LAKE MARY ROAD
LAKE MARY FL 32746

10. Name and Address of New Registered Agent

81 Name: LAWRENCE B. HUGHES
82 Street Address (P.O. Box Number is Not Acceptable): 200 LONGWOOD-LAKE MARY RD.
83: LAKE MARY, FL.
84 City: FL 85 Zip Code: 32746

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] DATE: 3/4/95
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	P	1.1 TITLE	☒ Change ☐ Addition
NAME	~~HUGHES, OTILIA L~~ delete	1.2 NAME	LAWRENCE B. HUGHES
STREET ADDRESS	~~200 LONGWOOD LK MARY RD.~~	1.3 STREET ADDRESS	200 LONGWOOD-LAKE MARY RD
CITY-ST-ZIP	~~LAKE MARY FL~~	1.4 CITY-ST-ZIP	LAKE MARY, FL
TITLE	VP	2.1 TITLE	☐ Change ☐ Addition
NAME	~~HUGHES, J. A~~ delete	2.2 NAME	
STREET ADDRESS	~~200 LONGWOOD LK MARY RD.~~	2.3 STREET ADDRESS	
CITY-ST-ZIP	~~LAKE MARY FL~~	2.4 CITY-ST-ZIP	
TITLE	VPT	3.1 TITLE	☐ Change ☐ Addition
NAME	HUGHES, MARK L	3.2 NAME	
STREET ADDRESS	200 LONGWOOD LK MARY RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE MARY FL	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	☐ Change ☐ Addition
NAME	HUGHES, MARTA E	4.2 NAME	
STREET ADDRESS	200 LONGWOOD LK MARY RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE MARY FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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] Lawrence B. Hughes 2/13/95 (407)323-0891
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR — Date — Daytime Phone #

0040102 CP