

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

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Apr 20, 1999 8:00 am  
Secretary of State

04-20-1999 90209 017 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 467685

1. Corporation Name  
HUGHES KENNELS, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 773 CREEKWATER TERRACE 207 LAKE MARY FL 32746 US		Mailing Address 773 CREEKWATER TERRACE 207 LAKE MARY FL 32746 US	
2. Principal Place of Business 21 1201 Suniland Avenue Suite, Apt. #, etc.		2a. Mailing Address 26 1201 Suniland Avenue Suite, Apt. #, etc.	
22 City & State 23 Altamonte Springs, FL Zip Country 24 32701 25 USA		27 City & State 28 Altamonte Springs, FL Zip Country 29 32701 30 USA	
3. Date Incorporated or Qualified 01/17/1975		4. FEI Number 59-1569022	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. Name and Address of Current Registered Agent HUGHES, ASHLEY 773 CREEKWATER TERRACE #207 LAKE MARY FL 32746		10. Name and Address of New Registered Agent 81 Name Hughes, Ashley 82 Street Address (P.O. Box Number is Not Acceptable) 1201 Suniland Avenue 83 84 City Altamonte Springs FL 85 Zip Code 32701	
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 Ashley C. Hughes Signature, typed or printed name of registered agent and title if applicable.		DATE 4/16/99 (NOTE: Registered Agent signature required when reinstating)	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P NAME HUGHES, MARK L. STREET ADDRESS 773 CREEKWATER TERR. #207 CITY-ST-ZIP LAKE MARY FL		1.1 TITLE President 1.2 NAME Hughes, Mark L. 1.3 STREET ADDRESS 1201 Suniland Ave. 1.4 CITY-ST-ZIP Altamonte Springs, FL 32701	
TITLE VP NAME HUGHES, MARK L. STREET ADDRESS 345 WASHINGTON AVENUE CITY-ST-ZIP LAKE MARY FL		2.1 TITLE VP 2.2 NAME Hughes, Marta E. 2.3 STREET ADDRESS 1109 North Street 2.4 CITY-ST-ZIP Longwood, FL 32750	
TITLE S NAME HUGHES, ASHLEY C. STREET ADDRESS 773 CREEKWATER TERR. #207 CITY-ST-ZIP LAKE MARY FL		3.1 TITLE Treasurer 3.2 NAME Hughes, Ashley 3.3 STREET ADDRESS 1201 Suniland Ave. 3.4 CITY-ST-ZIP Altamonte Springs, FL 32701	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 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:

Pres. Hughes KENNELS, INC  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/99 (407) 245-1018  
Date Daytime Phone #

CR2E034 (1/198)