

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

PROFIT CORPORATION
ANNUAL REPORT
1998
FLORIDA DEPARTMENT OF STATE
Mortham
City of State
DIVISION OF CORPORATIONS

DOCUMENT # 487235
1. Corporation Name
TUCKER-HUGHES, INC.

Principal Place of Business
1500 County Road 1, #171
Dunedin, FL 34698
Mailing Address
1500 County Road 1, #171
Dunedin, FL 34698

FILED

98 APR 27 AM 10:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 1500 County Rd. 1,		26 1500 County Road 1		10/07/1975	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22 #171		27 #171		59-1621160	
City & State		City & State		Applied For	
23 Dunedin, FL		28 Dunedin, FL		Not Applicable	
Zip		Zip		5. Certificate of Status Desired	
24 34698		29 34698		<input type="checkbox"/> \$8.75 Additional Fee Required	
Country		Country		6. Election Campaign Financing	
25 USA		30 USA		Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
TUCKER, ROBERT C. 1500 County Road 1, #171 Dunedin, FL 34698				<input type="checkbox"/> Yes <input type="checkbox"/> No	
10. Name and Address of New Registered Agent					
81 Name					
82 Street Address (P.O. Box Number is Not Acceptable)					
1500 County Road					
83 #171					
84 City				85 Zip Code	
Dunedin				FL 34698	

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 _____ (NOTE: Registered Agent signature required when translating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Tucker, Robert C.	12 NAME	
STREET ADDRESS	1500 County Road 1, #171	13 STREET ADDRESS	
CITY-ST-ZIP	Dunedin, FL 34698	14 CITY-ST-ZIP	
TITLE	VPS <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Tucker, Gary	22 NAME	
STREET ADDRESS	353 Shirley Ave.	23 STREET ADDRESS	
CITY-ST-ZIP	Belleair, FL	24 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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.

SIGNATURE: Robert C. Tucker - Robert C. Tucker 4/21/98 813-733-6049
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/97)

TUCKER
HUGHES, INC.
Financial Consultants

②

April 18, 1998

Florida Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

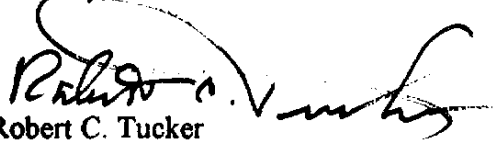
Re: TUCKER-HUGHES, INC.
59-1621160

To Whom It May Concern:

I was very shocked when I found out, by accident, that my corporation—Tucker-Hughes, Inc. was dissolved in September of 1997. When I called your office said that action was taken because I had failed to file an annual report in said year.

I have been filing annual reports and paying fees since 1980. I was not sent an annual report for 1997, nor was I subsequently notified that my corporation had been dissolved. I wish to request reinstatement and I am enclosing a report for 1998, plus fees for 1997 and 1998 totaling \$315.00. (This figure was given to me by your office).

Sincerely,


Robert C. Tucker
President
Tucker Hughes, Inc.