

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

**FILED**  
**Mar 22, 1999 8:00 am**  
**Secretary of State**

03-22-1999 90032 041 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 538669

1. Corporation Name  
 HGX, INC.

Principal Place of Business  
 2205 14TH AVE  
 200  
 VERO BEACH FL 32960  
 US

Mailing Address  
 P.O. BOX 6190  
 VERO BEACH FL 32966  
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
 07/05/1977

4. FEI Number  
 59-1784056 Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Election Campaign Financing  \$5.00 May Be Added to Fees  
 Trust Fund Contribution

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

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

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

9. Name and Address of Current Registered Agent  
 GRAVES, HUBERT JR.  
 2205 14TH AVE  
 STE. 200  
 VERO BEACH FL 32960

10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City  
 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input type="checkbox"/> DELETE
NAME	GRAVES, HUBERT JR.	
STREET ADDRESS	4575 ROSEDALE BLVD.	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GRAVES, JEANE S.	
STREET ADDRESS	4575 ROSEDALE BLVD.	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HOOVER, JANE GRAVES	
STREET ADDRESS	4400 ROSEWOOD BLVD	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BARLETT, JEANE GRAVES	
STREET ADDRESS	4575 ROSEDALE BLVD.	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GRAVES, JULIA, A	
STREET ADDRESS	4575 ROSEDALE BLVD	
CITY-ST-ZIP	VERO BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
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: Hubert Graves, Jr. DATE: 3-17-99 DAYTIME PHONE #: 561-562-2361  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)