

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

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Feb 12 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 825303 (1)**

1. Corporation Name  
**HUGHES, INC.**

Principal Place of Business

**419 N 14TH AVE  
P O BOX 2305  
LAUREL MS 39440**

Mailing Address

**419 N 14TH AVE  
P O BOX 2305  
LAUREL MS 39440-3830**



3. Date Incorporated or Qualified <b>11/03/1970</b>	3a. Date of Last Report <b>01/24/1996</b>
4. FEI Number <b>64-0439855</b>	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 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	CEO	<input type="checkbox"/> DELETE
NAME	HUGHES, S R	
STREET ADDRESS	8 PINECREST PLACE	
CITY-ST-ZIP	LAUREL MS	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HUGHES, JOYCE J.	
STREET ADDRESS	8 PINECREST PLACE	
CITY-ST-ZIP	LAUREL MS	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	JAMES, LEON	
STREET ADDRESS	RT. 4 BOX 172	
CITY-ST-ZIP	ELLISVILLE MS	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	WEST, TONY	
STREET ADDRESS	2 BOYLES CHAPEL RD.	
CITY-ST-ZIP	WAYNESBORO MS	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	MYERS, JR., CECIL W	
STREET ADDRESS	RR 2 BOX 707	
CITY-ST-ZIP	LAUREL MS	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>C/O</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	<b>V/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS	<b>78 McKenzie Drive</b>	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS	<b>1844 Highway 84 East</b>	
5.4 CITY-ST-ZIP		
6.1 TITLE	<b>V</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>Hughes, John</b>	
6.3 STREET ADDRESS	<b>416 N 14th Avenue</b>	
6.4 CITY-ST-ZIP	<b>Laurel, MS 39440</b>	

14. I do 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:

*Tony West*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/97

(601) 649-8811

CR2E034 (9/96)