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

CORPORATION ANNUAL REPORT

1997



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

POCUMENT # F31658

(0)

L.R. HUGHES PAINTING & WALL COVERING COMPANY, IN

FILED Apr 28 1997 8:00am Secretary of State



Principal Place	e of Business	Mailing Ad	Mailing Address							
2624 BYRON (_	2624 BYRON CIRCLE							
TÁLLÁHASSEE FL 82300			TALLAHASSEE FL 32308-3810							
							3. Date Incorporated or Qualified 04/22/1981	3a. Date of L 04/25/19		
2. Principal Place of Business		28. Mailing	28. Mailing Address				4. FEI Number		Applied For	
21		26	training the common of the com				59-2084902	Not Applicable		
Suite, Apt. #, etc.		⊢¬	Suite, Apt #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State			City & State				6. Election Campaign Financing \$5.00 May Be			
23		28	28				Trust Fund Contribution		ded to Fees	
Zip	Country		Zip Cou				8. This corporation has liability for in	tangible tax un	der s. 199.032,	
24	25			30	L		Florida Statutes Yes No 10. Name and Address of New Registered Agent			
	9. Name and Address of Curren	it Hegistered Aç	jent		81	Name	10. Name and Address of New Reg	Istered Agent		
	HICKLAND, BEVERLY				01	Name				
	OFFICE PLAZA DRIVE LAHASSEE FL 32301				82	Street Add	street Address (P.O. Box Number is Not Acceptable)			
IAL	LANASSEE FL 32301				83	<u>.</u>				
										
			•		84	City		FL 85	Zip Code	
11. Pursuant t	to the provisions of Sections 607.050	2 and 607, 1508,	Florida Statu	les, the a	bove	e-named co	rporation submits this statement for the pu ation's board of directors. Thereby accep	rpose of chang	ing its registered	
agent. I a	m familiar with, and accept the obliga	ations of Section	1 607.0505, FI	orida Sta	lutes	3.	anon's board of directors. Thereby accept	the appointing	it as registered	
SIGNATURE	Signature, typed or printed name of registered age									
12.	OFFICERS ANI	and the second of the second of	(NO	I 13.	a Age	eni signarure reqi	ured when reinslating) ADDITIONS/CHANGES TO OFFICE	DATE RS AND DIREC	CTORS IN 12	
TITLE	OP .		DELETE	1.1 11	ITLE			Cha		
NAME	Hughes, Levis R			1.2 N	AME					
STREET ADDRESS	2624 BYRON CR			1.3 S	1REE1	ADDRESS				
CITY-ST-ZIP	TALLAHASSEE, FL 00000			1.4 C	11 Y - S	1 - ZIP				
TITLE	\$		DELETE	2 1 11	ITLE			[] Cha	inge 🔲 Addition	
NAME	HUGHES, PAULA			2 2 N	AME					
STREET ADDRESS	2624 BYRON CIRCLE TALLAHASSEE FL					ADDRESS				
CITY-ST-ZIP TITLE	IALLANASSEE FL		DELETE	2.4 C		ST - ZIP		☐ Cha	inge Addition	
NAME				3.2 N				☐ 01k	mgo LJ Muditibil	
STREET ADDRESS						ADDRESS				
CITY-ST-ZIP						ST · ZiF'	•			
TITLE			☐ DELE1E	4.1 11				Cha	inge Addition	
NAME				4.21	IAME					
STREET ADDRESS				4.3 S	TREFT	ADDRESS				
CITY-ST-ZIP	The state of the s	AND 14 11 11 11 11 11 11 11 11 11 11 11 11		4.4 C	ny-s	1-712				
TITLE			DELETE	5.1 11				☐ Cha	inge 🔲 Addition	
NAME				5.2 N						
STREET ADDRESS						ADDRESS				
CITY-ST-ZIP			DELETE			1-719		17 AL.	nno Addition	
TITLE		ļ	DELETE	6 1 18				☐ Cha	ange Addition	
NAME OFFICE ADDRESS				6.2 N		*DDDCC0				
STREET ADORESS	•					ADDRESS				
CITY-ST-ZIP				■ 64C	1Y-S	1 · [r	(0			

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 eath; 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

904-38-2016