SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 AUG -4 AM 10:15

DOCUMENT # **G51738** **(4)**

1. Corporation Name
EDWARD HUGH, INC.

Principal Place of Business	Mailing Address
155 E. MORSE BLVD. WINTER PARK FL 32789 US	155 E. MORSE BLVD. WINTER PARK FL 32789 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/28/1983
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26

Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27

City & State — 23
City & State — 28

Zip — 24 Country — 25
Zip — 29 Country — 30

4. FEI Number: 59-0230414 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

LACHTARA, EDWARD, JR.
480 STONE ISLAND ROAD
ENTERPRISE FL 32725

10. Name and Address of New Registered Agent

81 Name: LACHTARA, EDWARD JR.
82 Street Address (P.O. Box Number is Not Acceptable): 1900 PARK LAKE ST
83
84 City: ORLANDO FL 85 Zip Code: 32803

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D ☒ Change ☐ Addition
NAME	LACHTARA, EDWARD, JR.	1.2 NAME	LACHTARA, EDWARD JR. ADDRESS
STREET ADDRESS	480 STONE ISLAND RD.	1.3 STREET ADDRESS	1900 PARK LAKE ST.
CITY-ST-ZIP	ENTERPRISE FL	1.4 CITY-ST-ZIP	ORLANDO, FL 32803
TITLE	PST	2.1 TITLE	PST ☒ Change ☐ Addition
NAME	LACHTARA, EDWARD, JR.	2.2 NAME	LACHTARA, EDWARD JR. ADDRESS
STREET ADDRESS	480 STONE ISLAND RD.	2.3 STREET ADDRESS	1900 PARK LAKE ST.
CITY-ST-ZIP	ENTERPRISE FL	2.4 CITY-ST-ZIP	ORLANDO, FL 32803
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Edward Lachtara PRES 7/4/95-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
EDWARD J. LACHTARA JR.

0009023 CP