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CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -5 PM 1:55

DOCUMENT # **J72728** **(5)**

1. Corporation Name
HUGHEY CONSTRUCTION, INC.

Principal Place of Business	Mailing Address
% JAMES FREDERICK HUGHEY ROUTE 2, BOX 595 MADISON FL 32340	% JAMES FREDERICK HUGHEY ROUTE 2, BOX 595 MADISON FL 32340

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/01/1987	3a. Date of Last Report: 04/11/1994
4. FEI Number: 59-2811709	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21 RT. 5 Box 6295	26 RT. 5 Box 6295
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Madison, FL	City & State 28 Madison, FL
Zip 24 32340 Country 25 [redacted]	Zip 29 32340 Country 30

9. Name and Address of Current Registered Agent

HUGHEY, JAMES FREDERICK
ROUTE 2, BOX 595
MADISON FL 32340

10. Name and Address of New Registered Agent

81 Name: Hughey, James Frederick
82 Street Address (P.O. Box Number is Not Acceptable): RT. 5 Box 6295
83
84 City: Madison FL 85 Zip Code: 32340

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 _____ DATE
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☑ Change ☐ Addition P
NAME	HUGHEY, JAMES FREDERICK	1.2 NAME	Hughey, James Frederick
STREET ADDRESS	ROUTE 2, BOX 595	1.3 STREET ADDRESS	RT. 5 Box 6295
CITY-ST-ZIP	MADISON FL	1.4 CITY-ST-ZIP	Madison, FL 32340
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
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	

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: James F. Hughey James F. Hughey 4-3-95 904-973-4623
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Daytime Phone #)