

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

APPROVED
AND
FILED

1996 MAY 22 AM 11: 52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600001834916
-05/22/96--01062--005
***225.00 ***225.00

DOCUMENT # **L52185**

1. Corporation Name

M.B. Hughes & Associates, Inc.

Principal Place of Business

Mailing Address

*4909 North Monroe St.
Tallahassee, Fl. 32303*

2. Principal Place of Business

21 *4909 N. Monroe St.*

Suite, Apt. #, etc.

22

City & State

23 *Tallahassee, Fl.*

Zip

24 *32303*

Country

25 *Leon*

2a. Mailing Address

26 *Same*

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30 *USA*

3. Date Incorporated or Qualified

2-90

3a. Date of Last Report

4. FEI Number

59-3006456

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

8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes

Yes

No

9. Name and Address of Current Registered Agent

*Marilyn B. Hughes
4909 N. Monroe St.
Tallahassee, Fl. 32303*

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 *Marilyn B. Hughes*

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

5-22-96

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME *Marilyn B. Hughes*
STREET ADDRESS *4909 N. Monroe St.*
CITY - ST - ZIP *Tallahassee, Fl. 32303*

DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DELETE

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CITY - ST - ZIP

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NAME
STREET ADDRESS
CITY - ST - ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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)(k), 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:

Marilyn B. Hughes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-22-96 (904) 562-6688
Date Daytime Phone #

CR2E034 (12/95)