

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

DOCUMENT # M70687

(2)

1. Corporation Name

HUGHES & GREENE, INC.

Principal Place of Business

% J. HANNON HUGHES
631 SW 27TH CT.
GAINESVILLE FL 32601-9012

Mailing Address

% J. HANNON HUGHES
631 SW 27TH CT.
GAINESVILLE FL 32601-9012

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 Name and Address of Current Registered Agent

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

HUGHES, J. HANNON
631 SW 27TH CT.
GAINESVILLE FL 32608

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

3. Date Incorporated or Qualified

03/07/1988

3a. Date of Last Report

02/23/1995

4. FEI Number

59-2872667

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. 190.032,
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

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 of the person making this statement for the corporation

Signature of the Registered Agent for the corporation

Date

12. OFFICERS AND DIRECTORS

1. TITLE D
2. NAME HUGHES, J. HANNON
3. STREET ADDRESS 631 SW 27TH CT.
4. CITY- ST- ZIP GAINESVILLE FL
5. TITLE D
6. NAME GREENE, CLAUDE L., JR.
7. STREET ADDRESS RT. 2, BOX 190
8. CITY- ST- ZIP MICANOPY FL
9. TITLE
10. NAME
11. STREET ADDRESS
12. CITY- ST- ZIP
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100. CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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100. 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:

J. Hannon Hughes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-2-96

904-377-7239

CR2E034 (12/95)