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

Mar 11 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # M70687 (2) HUGHES & GREENE, INC. Principal Place of Business Mailing Address % J. HANNON HUGHES % J. HANNON HUGHES 631 SW 27TH CT. 631 SW 27TH CT. DO NOT WRITE IN THIS SPACE GAINESVILLE FL 32601-9012 GAINESVILLE FL 32601-9012 3. Date Incorporated or Qualified 03/07/1988 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 21 Not Applicable 59-2872667 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible X Yes 24 25 29 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name **HUGHES. J. HANNON** 631 SW 27TH CT. 82 Street Address (P.O. Box Number is Not Acceptable) **GAINESVILLE FL 32608** 83 84 City 65 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 (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 TITLE Change ☐ Addition HUGHES, J. HANNON 3R2E034 NAME 1.2 NAME 631 SW 27TH CT. STREET ADDRESS 1.3 STREET ADDRESS **GAINESVILLE FL 32601** City-St-7iP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE GREENE, CLAUDE L., JR. NAME 2.2 NAME RT. 2, BOX 190 STREET ADDRESS 2.3 STREET ADDRESS MICANOPY FL 32867 2 4 CITY-ST-ZIP CITY-ST-ZIP DELFTE Addition 3 1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change ■ Addition TITLE 4.1 TITLE 4, 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE TITLE 5.1 TITLE Change Addition 5.2 NAME NAME **53 STREET ADDRESS** STREET ADDRESS CITY-ST-ZIP 5.4 City-ST-ZIP DELETE Change ☐ Addition TITLE 6.1 TITLE NAME 6 2 NAME STREET ADDRESS 6.3 STREET ADDRESS

14. Thereby certify that the information supplied with this filling 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 armund report is frue 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 recolver 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:

Hannon Hughes, Director

02/02/98

352-377-7239

FILED