2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 20, 2004 08:00 AM Secretary of State

Principal Place of Business Mailing Address	DOCUMENT # P93000023358 1. Entity Name HUGHS PROPERTIES, INC.						Secretar	ry of St	ate		
Subs. Apt. 4, etc.]							
Suito, Apt. #, etc	JACKSONVILLE, FL 32206 PO BOX 4667			201	US						
City & State City & State City &											
Span					ļ		CR2E034	(10/03)			
S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent FRICK, DENNIS D 1SS E 21ST ST JACKSONVILLE, FL 32206 8. The above named analy submits this statement for the purpose of changing is registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. FILE NOWITH FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 P. Election Campalign Financing Trust Fund Contribution. SSIGNATURE PD HUGHS, IR N C OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 SEE 21ST ST SIGNATURE PD HUGHS, IR N C OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 SSIGNATURE PD HUGHS, IR N C OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 SEE 21ST ST SIGNATURE NAME HUGHS, IR N C OFFICERS AND DIRECTORS 11ILE VPD Debtel NAME BAKER, II J D STRET ARRESS SIFEE ADDRESS SIFEE ADD	City & State				1			_			
Name	Zip			Country		5. Certificate	of Status Desired				
FRICK DENNIS D 15S E 21ST ST JACKSONVILLE, FL TITLE MAKE MAKE MAKE MAKE MAKE MAKE MAKE MA		6. Name and Address of Current	Registered Agent		Namo	7. Name and	d Address of New F	egistered Age	nt		
ACKSONVILLE, FL 32206 8. The above named entry submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 P. Election Compaign Financing Trust Fund Contribution. Debts MAKE PD HUGHS, JR N C STREET ADDRESS OITY-ST-2P ACKSONVILLE, FL TITLE SREET ADDRESS OITY-ST-2P ALOKSONVILLE, FL TITLE ALOKSONV	FRICK, DENNIS D				Name						
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent. SIGNATURE Signature, speed or prised name of registered agent and site it acphaels. (NOTE Registered Agent statement and registered agent and site it acphaels). (NOTE Registered Agent statement and registered agent and site it acphaels). (NOTE Registered Agent statement and registered agent and site it acphaels). (NOTE Registered Agent statement and registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Lam familiar with, and accept the supplement agent agent agent agent and set acphaels. (NOTE Registered Agent statement on registered agent, or both, in the State of Florida. 10. 10. 10. 10. 10. 10. 10. 1				=	Street Address (P.O. Box Number is Not Acceptable)						
SIGNATURE					City			FL	Zip Code	,	
Signature, typed or printed name of registered agent and sile if applicated. (NOTE, Registered Agent signature required where rentative) STREET ADDRESS S	8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.										
## FILE NOW!!! FEE IS \$150.00 ## S550.00 ## SEction Campaign Financing											
TITLE											
NAME			· ·			ADDITIONS	/CHANGES TO OFF				
NAME STREET ADDRESS CITY-ST-ZP JACKSONVILLE, FL TITLE S STREET ADDRESS CITY-ST-ZP JACKSONVILLE, FL TITLE D MAME BAKER, EDWARD L STREET ADDRESS CITY-ST-ZP TITLE THE T MAME BAKER, EDWARD L STREET ADDRESS CITY-ST-ZP TITLE THE T MAME BAKER, EDWARD L STREET ADDRESS CITY-ST-ZP TITLE THE T MAME STREET ADDRESS CITY-ST-ZP TITLE T MILTON, JOHN D JR STREET ADDRESS CITY-ST-ZP TACKSONVILLE, FL T MILTON, JOHN D JR STREET ADDRESS CITY-ST-ZP TACKSONVILLE, FL STREET ADDRESS STREET ADDRESS CITY-ST-ZP TACKSONVILLE, FL STREET ADDRESS STREET ADRESS STREET ADDRESS STRE	NAME STREET ADDRESS	HUGHS, JR N C 155 E 21ST ST	L.J Delete	nam Stre	E Et address			008147			
NAME STREET ADDRESS CITY-ST-ZIP TITLE D BAKER, EDWARD L STREET ADDRESS CITY-ST-ZIP TITLE	name Street Address	BAKER, II J D 155 E 21ST ST	☐ Delate	nam Stre	EET ADDRESS				Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE T MILTON, JOHN D JR STREET ADDRESS CITY-ST-ZIP TITLE AS PATZKE, WALLACE JR STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32206 TITLE AS STREET ADDRESS STREET ADR	NAME STREET ADDRESS	FRICK, DENNIS D 155 E 21ST ST	☐ Delete	NAM STRE	EET ADDRESS			Ľ	Change	☐ Addition	
MAME STREET ADDRESS CITY-ST-ZIP TITLE AS PATZKE, WALLACE JR STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32206 TITLE STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32206 STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS	BAKER, EDWARD L 155 E 21ST ST	☐ Delete	NAM STRE	E EET ADDRESS				Change	☐ Addition	
NAME PATZKE, WALLACE JR NAME STREET ADDRESS 1.55 EAST 21 STREET STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32206 CITY-ST-ZIP	name Street address	MILTON, JOHN D JR 155 EAST 21ST STREET	□ Dekete	nam Stre	EET AODRESS] Change	☐ Addition	
	NAME STREET ADORESS CITY-ST-ZIP	PATZKE, WALLACE JR 155 EAST 21 STREET JACKSONVILLE, FL 32206		nam Stre City	E ET ADDRESS -ST-ZIP	ontion 110 07(a)	(f) Spring Chabridge		•	····	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes, i further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR DECEMBER 16, 2004 (904) 355-178