

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000012781 (7)  
1. Corporation Name

HUGHES FABRICATIONS, INC.



Principal Place of Business Mailing Address  
6131 BRIARWOOD TERRACE 6131 BRIARWOOD TERRACE  
FT. MYERS FL 33912 FT. MYERS FL 33912

3. Date Incorporated or Qualified 02/13/1995 3a. Date of Last Report  
4. FEI Number 650560052 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 Suite, Apt. #, etc 26 Suite, Apt. #, etc  
22 City & State 27 City & State  
23 Zip 28 Country 29 Zip 30 Country  
24 25 29 30

9. Name and Address of Current Registered Agent

HUGHES, DAVID B  
6131 BRIARWOOD TERRACE  
FT. MYERS FL 33912

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

Signature, typed or printed name of registered agent and title (applicable)

(N/A) Registered Agent signature required when re-registering

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME HUGHES, DAVID B  
STREET ADDRESS 6131 BRIARWOOD TERRACE  
CITY-ST-ZIP FT. MYERS FL 33912  
DELETE  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DELETE  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DELETE  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DELETE  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE Change Addition  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP Change Addition  
21 TITLE Change Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP Change Addition  
31 TITLE Change Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP Change Addition  
41 TITLE Change Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP Change Addition  
51 TITLE Change Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP Change Addition  
61 TITLE Change Addition  
62 NAME  
63 STREET ADDRESS  
64 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

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

Date

Daytime Phone #

7-15-96 941 489-1845

CR2E034 (3/96)