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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000052904 (6)

DENISE R. HUGHES, INC.

Principal Place of Business

Mailing Address

FILED Mar 09 1998 8:00am Secretary of State



11869 HIDDEN HILLS DRIVE 11869 HIDDEN HILLS DRIVE JACKSONVILLE FL 32225 JACKSONVILLE FL 32225 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/10/1995 4. FEI Number 2. Principal Place of Business Applied For 249 Water's EDGE DR.S. 26 249 WATER'S Edge DR. S. 59-3326062 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing PONTE 23 Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible 32082 Yes Personal Property Tax due June 30. Name and Address of New Registered Agent HUGHES, DENISE R 11869 HIDDEN HILLS DRIVE 82 JACKSONVILLE FL 32225 83 84 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 if applicable (NOTE: Registered Agent signature required when reinstating) (10/97 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE HUCHES , Denise R. Change TITLE PSTD 1.1 TITLE HUGHES, DENISE R 1.2 NAME NAME 249 Nater's EDGE DR., South 11869 HIDDEN HILLS DRIVE 1.3 STREET ADDRESS STREET ADDRESS PONTE Veden Beach, Florida 32082 JACKSONVILLE FL 32225 CITY-ST-ZIP 1.4 CITY - ST - ZIP Change Addition TITLE ☐ DELETE 2.1 TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Addition TITLE 3.1 TITLE Change NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Addition Change TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

14. 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 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: Denise R. Hughos

Inin R. Huskes

26868

904-273-4324