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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000052904

DENISE R. HUGHES, INC.

Apr 09, 1999 8:00 am Secretary of State 04-09-1999 90019 014 ***150.00

FILED

Mailing Address Principal Place of Business 249 WATER'S EDGE DR., S 249 WATER'S EDGE DR., S. PONTE VEDRA BEACH FL 32082 PONTE VEDRA BEACH FL 32082 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 07/10/1995 2a. Mailing Address 4. FEI Number Applied For Principal Place of Business 59-3326062----Not Applicable -21 \$8.75 Additional Suite, Apt. #, etc. Suite Apt. #. etc. 5. Certifcate of Status Desired Fee Required 22 City & State \$5.00 May Be City & State 6. Election Campaign Financing Added to Fees Trust Fund Contribution 23 28 Country Country Zip This corporation owes the current year Intangible Zip **⊠**No Personal Property Tax. 30 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name HUGHES, DENISE R Street Address (P.O. Box Number is Not Acceptable) 249 WATER'S EDGE DR. S. PONTE VEDRA BEACH FL 32082 83 Zip Code RA 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) Signature, typed or printed name of registered agent and title if applicable CR2E034 (41/98) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change □ DELETE 1.1 TITLE TITLE PSTD 1.2 NAME NAME HUGHES, DENISE R 249 WATER'S EDGE DR., SOUT 1.3 STREET ADDRESS STREET ADDRESS PONTE VEDRA BEACH FL 32082 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ☐ Addition 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2:4 CITY: ST-ZIP === CITY-ST-ZIP Change Addition ☐ DELETE 3.1 TITLE TITLE 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE Change ☐ Addition DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS CRY-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 suppliemental 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, with all other like empowered.