## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

P95000062138 (9)

HUGHES OF ORLANDO, INC.

Principal Place	of Business	Mailing Address							
613 JADEWOOD AVENUE ORLANDO FL 32825-8050		613 JADEWOOD AVE ORLANDO FL 32825-							
						3. Date Incorporated or Qualified 08/11/1995	3a. Date	of Last R	eport
. Principal Pla	Principal Place of Business 28. Mailing Address 26					4. FEI Number 59-332 8636	8636 Applied For Not Applied For		Applied For Not Applicable
Suite, Apt #	, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional Required	
City & State		City & State				Election Campaign Financing Trust Fund Contribution			<b>0</b> May Be d to Fees
Zip	Country 25	Z <sub>I</sub> p   <b>29</b>	Counti	ry			□No		199.032,
	<ol><li>Name and Address of Curre</li></ol>	nt Registered Agent		_		10. Name and Address of New F	Registered	Agent	·
				1	Name				
HATCHER, STEPHEN B				2	Street Addr	ess (P.O. Box Number is Not Acceptat	ole)		
315 EAST ROBINSON STREET SUITE 600			8	3					
ORLANDO FL 32801				_	<u></u>			T 1 =	
VIII	00 16 02001		8	4	City		FL	85 Z	p Code
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NAME			4.2 NAM	1E					
STREET ADDRESS			4 3 S1H	FF1	ACORESS				
CITY - ST - 2IP			4.4 CHTY	_	J - 71P				<del></del>
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NAME			5.2 NAM	AF.					

14. I do hereby certify that the information supplied with this fing 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 18 I changed, or all an attachment with an address. 6.4 CITY - ST - 7-P CITY - ST - ZIP

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6 1 TITLE

6.2 NAME 6.3 STREET ADDRESS

SIGNATURE:

NAME

TITLE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

4/24/96

407-425-9999

☐ Change

Addition