## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P95000065593 (2)

HUGHES WELDING, INC.

Principal Place of Business	Mailing Address
23917 FOREST GREEN PL. LAND O'LAKES FL 34639	23917 FOREST GREEN PL. LAND O'LAKES FL 34639-4836

## FILED May 06 1997 8:00am Secretary of State



23917 FOREST LAND O'LAKES		23917 FOREST GREEN LAND O'LAKES FL 346				
					3. Date Incorporated or Qualified 08/23/1995	3a. Date of Last Report 05/01/1996
2. Principal Place of Business 2a. Maiting Address					4. FEI Number	Applied For
21		26			59-3335444	Not Applicable
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	S8.75 Additional
22		27				Fee Required
City & Stat	16	City & State			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip -	Country	Zip	Coun	ry	This corporation has liability for in	
24	25	29	30		Florida Statutes Yes No	
	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New Reg	lstered Agent
HUG	SHES, ELIZABETH L		8	1 Name		
23917 FÖREST GREEN PL.		8	2 Street Add	lress (P.O. Box Number is Not Acceptable	e)	
LAN	D O'LAKES FL 34639		ε	3		
f						
			8	4 City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida St	atules, the abo	ve-named corp	poration submits this statement for the pr	rpose of changing its registered
agent. I a	im familiar with, and accept the obli	gations of, Section 607.0505	, Florida Statul	es.	ition's board of directors. I hereby accep	tine appointment as registered
SIGNATURE	Elizabeth & Hu Signature typed or printed name of registered as	ghes Eliza	beth	L Hug	hes 4	38/97
12.		ND DIRECTORS	13.	gont orginators ro	ADDITIONS/CHANGES TO OFFICE	FRS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 100			Change Addition
NAME	HUGHES, DONALD L		1,2 NAM	E		
STREET ADDRESS	23917 FOREST GREEN PL.		1.3 STRE	ET ADDRESS		
CITY-ST-ZIP	LAND O'LAKES FL 34639		1.4 CH Y	- S1 - ZIP		
TITLE	D	☐ DELETE	21 TITU			Change Addition
NAME	HUGHES, ELIZABETH L		2.2 NAM	E		
STREET ADDRESS	23917 FOREST GREEN PL.		2.3 STRE	E1 ADDRESS		
CITY-ST-ZIP	LAND O'LAKES FL 34639		2 4 011	'-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE			Change Addition
NAME			3.2 NAM	E		
STREET ADDRESS			3.3 STRE	ET ADDRESS		
CITY-ST-ZIP		Detere		-ST-2IP		
TITLE		L DELETE	4.1 1(11.6			L_] Change L_  Addition
NAME STREET ADDRESS			4. 2 NAN			
CITY-ST-ZIP				ET ADDRESS		
TITLE		DELETE	4.4 CITY 5.1 TITLE	· · · · · · · · · · · · · · · · · · ·		Change Addition
NAME			5.2 NAM			Car Shange Car Modition
STREET ADDRESS			•	ET ADDRESS		
CITY-ST-ZIP			5.4 CITY			
TITLE		DELETE	6.1 TITLE			☐ Change ☐ Addition
NAME			6.2 NAM			
STREET ADDRESS			6.3 STRE	ET ADDRESS		
CITY-ST-ZIP			6.4 CITY			

14. I do 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 sm 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.