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

PROFIT CORPORATION **ANNUAL REPORT**

1998

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

HUGHES, F F

3000-1 HARTLEY RD

JACKSONVILLE FL



FLORIDA DEPARTMENT OF STATE

FILED

Jan 27 1998 8:00am

Secretary of State

Addition

Addition

Addition

Change

Change

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000091822 (3)

Principal Place of Business Mailing Address 3000-1 HARTLEY RD. 3000-1 HARTLEY RD. JACKSONVILLE FL 32257						DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified			
						12/01/1995			
	Place of Business	2a. Mailing Addre	SS			4. FEI Number		pptied For	
21		26	,			59-3354041		ot Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc. 27			etc.			6. Certificate of Status Desired		Additional equired	
City & State City & State						6. Election Campaign Financing	5. Election Campaign Financing \$5.00 May Be		
23		28				Trust Fund Contribution		to Fees	
Zip	Country	Zip		Country	<i>(</i>	8. This corporation owes or has paid the cu			
24	25	29	30] No	
	9. Name and Address of Cu UGHES, F. FRANCIS	rrent Registered Agent		81	Name	10. Name and Address of New Registered	Agent		
11. Pursuant office or ragent. I a	to the provisions of S ections 607 egistered agent, or b oth, in the S im familiar with, and a ccept the o	.0502 and 607 1508, Florid itate of Florida. Such chang bligations of, Section 607.0	a Statutes, the was autho 505, Florida	84 e abov rized b Statute	,	rporation submits this statement for the purpose of ation's board of directors. I hereby accept the app	.	Code ts registered registered	
SIGNATURE	Signature, typed or printed name of registere	d agent and tille if applicable.	(NOTF: Regi	stered Ao	ent signature reg	jured when reinstating) DATE			
12.		AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AN	DIRECTOR	RS IN 12	
TITLE	D	DEL	ETE	I.1 TITLE			Change	Addition	
NAME	FOLEY, THOMAS D			1.2 NAME	1				
STREET ADDRESS	11541 LANE PARK RD.		1	.3 STREET	ADDRESS				
CITY-ST-ZIP	TAVARES FL 32778			A CITY-S	ST-ZIP				
TITLE	D	DEL	ETE 2	1 TITLE			Change	Addition	
NAME	Lizardi, Pedro L		2	2.2 NAME					
STREET ADDRESS	11410 LANE PARK RD.		1	3.3 STREET	ADDRESS				
CITY-ST-ZIP	TAVARES FL 32778			2. 4 CITY-	ST-ZIP				
TITLE	D	☐ DEL		3.1 TITLE			Change	Addition	
NAME	MCEWEN, TERRY C			2 NAME					
STREET ADDRESS	11435 LANE PARK RD.		1 3	3.3 STREET	ADDRESS				
CITY - ST - ZIP	TAVARES FL 32778		,	4 CITY-	ST. ZIP				

CITY-ST-ZIP 6.4 CITY-ST-ZIP 14. Thereby certify that the information supplied with this filling 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 13 if changed, or on an altestment will an address.

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

DELETE

DELETE

DELETE