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May 24, 1999 8:00 am  
Secretary of State

05-24-1999 90024 034 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000098523

1. Corporation Name  
HUGHCO SALES COMPANY



DO NOT WRITE IN THIS SPACE

Principal Place of Business: ~~11713 CLEARWATER POINT HOMOSASSA FL 34448~~  
Mailing Address: ~~11713 CLEARWATER POINT HOMOSASSA FL 34448~~

3. Date Incorporated or Qualified  
01/01/1998

2. Principal Place of Business  
21 401 NW 3RD AVE  
22 Suite, Apt. #, etc.  
23 Ocala FL  
24 34470 25 USA  
2a. Mailing Address  
26 401 N.W. 3RD AVE  
27 Suite, Apt. #, etc.  
28 Ocala FL  
29 34470 30 USA

4. FEI Number: 59-3479227  
Applied For: Not Applicable  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation owes the current year Intangible Personal Property Tax:  Yes  No

9. Name and Address of Current Registered Agent  
CURRY, MICHAEL B  
11713 CLEARWATER POINT  
HOMOSASSA FL 34448

10. Name and Address of New Registered Agent  
81 Name: MICHAEL B. CURRY  
82 Street Address (P.O. Box Number is Not Acceptable): 401 N.W. 3RD AVE.  
83  
84 City: Ocala FL 85 Zip Code: 34470

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: *Michael B. Curry* DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS  
TITLE: MICHAEL B. CURRY  
NAME: MICHAEL B. CURRY  
STREET ADDRESS: 401 N.W. 3RD AVE  
CITY-ST-ZIP: Ocala FL 34470  
TITLE: SECRETARY  
NAME: SAME  
STREET ADDRESS: SAME  
CITY-ST-ZIP: Ocala FL 34470  
TITLE: TREAS  
NAME: SAME  
STREET ADDRESS: SAME  
CITY-ST-ZIP: Ocala FL 34470  
TITLE: [ ] DELETE  
NAME: [ ] DELETE  
STREET ADDRESS: [ ] DELETE  
CITY-ST-ZIP: [ ] DELETE  
TITLE: [ ] DELETE  
NAME: [ ] DELETE  
STREET ADDRESS: [ ] DELETE  
CITY-ST-ZIP: [ ] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE [ ] Change [ ] Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
2.1 TITLE [ ] Change [ ] Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
3.1 TITLE [ ] Change [ ] Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE [ ] Change [ ] Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE [ ] Change [ ] Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE [ ] Change [ ] Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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, with all other like empowered.

SIGNATURE: *Michael B. Curry* 5-25-99 352-628-0093  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/1/98)