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Apr 02, 1999 8:00 am  
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PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # P98000100898

1. Corporation Name

MICHAEL B. HUGHES, P.A.



Principal Place of Business

6009 ROBERTA CIRCLE  
TAMPA FL 33604

Mailing Address

6009 ROBERTA CIRCLE  
TAMPA FL 33604

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/03/1998

4. FEI Number

59-3540585

☒ 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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

29 Zip

Country

9. Name and Address of Current Registered Agent

HUGHES, MICHAEL B  
6009 ROBERTA CIRCLE  
TAMPA FL 33604

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME HUGHES, MICHAEL B  
STREET ADDRESS 6009 ROBERTA CIRCLE  
CITY-ST-ZIP TAMPA FL 33604 ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/99 813-289-1712  
Date Daytime Phone #

CR2E034 (11/98)

FLORIDA DEPARTMENT OF LABOR AND EMPLOYMENT SECURITY  
DIVISION OF UNEMPLOYMENT COMPENSATION  
BUREAU OF TAX, EMPLOYER REGISTRATION  
Caldwell Building  
Tallahassee, Florida 32399-0233  
Telephone No. 1-800-482-8293 Fax No. (904) 921-5026

UC EMPLOYER ACCOUNT NUMBER

## EMPLOYER REGISTRATION REPORT

PLEASE COMPLETE FRONT & BACK IN BLACK INK. (PRINT OR TYPE)

1. FEDERAL EMPLOYER IDENTIFICATION NUMBER 59-3546585
2. LEGAL NAME OF EMPLOYER Michael B. Hughes, P.A.  
(sole proprietor, partners, or corporate name, etc.)
3. TRADE NAME (d/b/a) same TELEPHONE NO. (813) 239-2811
4. MAILING ADDRESS 6009 Roberta CIR Tampa, FL 33604  
Street Address City/State Zip Code
5. BUSINESS LOCATION same  
Florida Street Address City/State Zip Code
6. LEGAL ENTITY TYPES (Check Only One) ☐ Sole Proprietor ☐ Partnership ☐ Limited Partnership  
☐ Corporation (Includes Sub S) (Enter State Incorporated) ☒ Other (specify) S Corp
7. EMPLOYER TYPE (Check All That Apply)  
☒ Regular ☐ Domestic (Household)  
☐ Agricultural ☐ Agricultural Citrus  
☐ Nonprofit Organization ☐ 501(c)(3) Attached  
☐ Political Instrumentality (City, County or Municipality)  
☐ Purchased Existing Business (Complete Item 14 On Back)
- FOR OFFICIAL USE ONLY
8. DID YOUR BUSINESS PAY FEDERAL UNEMPLOYMENT TAX IN ANOTHER STATE IN THE PREVIOUS OR CURRENT CALENDAR YEAR? YES ☐ NO ☒  
State \_\_\_\_\_ Year(s) \_\_\_\_\_
9. DATE OF FIRST EMPLOYMENT IN FLORIDA 3/99  
(THIS INCLUDES FULL & PART-TIME EMPLOYEES & OFFICERS OF A CORPORATION. IF RESUMING EMPLOYMENT, ENTER DATE RESUMED.)
10. NUMBER OF WEEKS YOU HAD WORKERS IN THE CURRENT YEAR 2  
NUMBER OF WEEKS YOU HAD WORKERS IN THE PRECEDING YEAR N/A  
IF YOU HAVE A 501(c)(3) EXEMPTION, HAVE YOU HAD 4 OR MORE INDIVIDUALS IN EMPLOYMENT FOR SOME PORTION OF A DAY IN EACH OF 20 DIFFERENT WEEKS. YES ☐ NO ☒  
IF YOU ARE AN AGRICULTURAL EMPLOYER, HAVE YOU HAD 5 OR MORE WORKERS IN ANY PORTION OF A DAY FOR 20 DIFFERENT WEEKS DURING A CALENDAR YEAR? YES ☐ NO ☒
11. YOUR FLORIDA GROSS PAYROLL BY CALENDAR QUARTERS (May estimate if not available)
- |                           | QUARTER ENDING<br>MARCH 31 | QUARTER ENDING<br>JUNE 30 | QUARTER ENDING<br>SEPTEMBER 30 | QUARTER ENDING<br>DECEMBER 31 |
|---------------------------|----------------------------|---------------------------|--------------------------------|-------------------------------|
| Current Year 19 <u>99</u> | \$ <u>unknown</u>          | \$ <u>unknown</u>         | \$ <u>unknown</u>              | \$ <u>unknown</u>             |
| Prior Year 19 <u>98</u>   | \$ <u>0</u>                | \$ <u>0</u>               | \$ <u>0</u>                    | \$ <u>0</u>                   |
12. DO YOU USE THE SERVICES OF INDIVIDUALS YOU CONSIDER TO BE SELF-EMPLOYED & WHOSE REMUNERATION WILL BE REPORTED ON 1099'S? YES ☐ NO ☒  
IF YES, PLEASE EXPLAIN TYPE(S) OF SERVICES PERFORMED. \_\_\_\_\_
13. DO YOU WISH TO ELECT TO EXTEND THE COVERAGE OF THE LAW TO YOUR WORKERS WHO ARE NOT COVERED BECAUSE THEY WORK IN EXEMPT EMPLOYMENT OR BECAUSE YOU ARE NOT LIABLE FOR THE PAYMENT OF UNEMPLOYMENT TAX? YES ☐ NO ☒  
IF YES, PROPER FORMS WILL BE FURNISHED BY THIS AGENCY. THE ELECTION WOULD REQUIRE LIABILITY FOR A PERIOD OF AT LEAST ONE COMPLETE CALENDAR YEAR.

298000 100848  
286853 90067 47

14. IF YOU PURCHASED A BUSINESS, PLEASE PROVIDE PRIOR OWNER INFORMATION.

- (A) LEGAL NAME OF FORMER OWNER \_\_\_\_\_
- (B) UC EMPLOYER ACCOUNT NUMBER \_\_\_\_\_
- (C) TRADE NAME (d/b/a) \_\_\_\_\_
- (D) PRESENT ADDRESS \_\_\_\_\_
- (E) DATE ACQUIRED \_\_\_\_\_
- (F) HOW MUCH OF THE BUSINESS WAS ACQUIRED? \_\_\_\_ ALL \_\_\_\_ PORTION \_\_\_\_ UNKNOWN
- (G) WAS THE BUSINESS BEING OPERATED AT THE TIME OF ACQUISITION? \_\_\_\_ YES \_\_\_\_ NO  
IF NO, DATE CLOSED \_\_\_\_\_

15. GENERAL INFORMATION

A. INFORMATION FOR OWNER, PARTNERS, OR OFFICERS. (Attach a separate sheet if necessary.)

Full Name	Title	S.S. No.	Home Address	Home Phone No.
Michael B. Hughes	Pres.	341-40-9515	6009 Roberta CIR	(813) 239-2811
			Tampa, FL 33604	

B. PAYROLL MAINTAINED BY (ACCOUNTANT, BOOKKEEPER, ETC.)

NAME Deborah L. Murray, C.P.A., P.A. PHONE # (813) 258-2411

ADDRESS 210 W. Platt Street, Tampa, FL 33606

16. LABOR MARKET INFORMATION

List the location and nature of business conducted in Florida. If you need more space, please attach a separate page.

ENTER CITY AND COUNTY FOR EACH WORK SITE	PRINCIPAL PRODUCTS OR SERVICES (BE SPECIFIC)	AVERAGE # OF EMPLOYEES
_____	_____	_____
_____	_____	_____

If any of the above provide support for other work site(s), please indicate type of support.  
(Examples: Administrative, Research, Warehouse, Consulting, etc.) \_\_\_\_\_

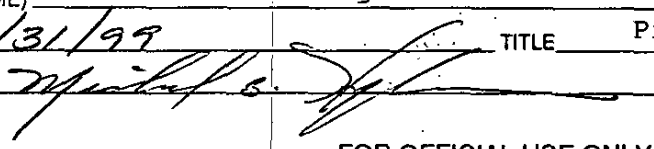
BE SURE THAT ALL QUESTIONS ARE ANSWERED BEFORE SIGNING

THE INFORMATION GIVEN ABOVE IS TRUE AND CORRECT AND IS GIVEN FOR THE PURPOSE OF DETERMINING LIABILITY UNDER SAID LAW AND THE UNDERSIGNED IS AUTHORIZED TO EXECUTE THIS REPORT ON BEHALF OF THE EMPLOYING UNIT NAMED.

LEGAL NAME OF EMPLOYING UNIT Michael B. Hughes, P.A.

BY (PRINT NAME) Michael B. Hughes

X DATE 3/31/99 TITLE President

X SIGNATURE 

FOR OFFICIAL USE ONLY

AUDITOR NAME \_\_\_\_\_ AUDITOR # \_\_\_\_\_ FIELD TAX OFFICE \_\_\_\_\_

REMARKS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

IF YOU ARE DETERMINED LIABLE, TAX AND WAGE REPORTS WILL BE FURNISHED WHEN THIS REGISTRATION FORM IS PROCESSED AND AN EMPLOYER ACCOUNT NUMBER IS ASSIGNED.