

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# S57722

FILED
Nov 02, 2004
Secretary of State

Entity Name: HUGHES WHOLESALE NURSERIES, INC.

Current Principal Place of Business:

5009 SW OAKWOOD AVE.
ARCADIA, FL 34269

New Principal Place of Business:

Current Mailing Address:

5009 SW OAKWOOD AVE.
ARCADIA, FL 34269

New Mailing Address:

12980 TARPON SPRINGS RD
ODESSA, FL 33556

FEI Number: 65-0273005

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HUGHES, GEORGE W.
5009 SW OAKWOOD AVE.
ARCADIA, FL 34266 US

Name and Address of New Registered Agent:

HUGHES, GEORGE W
5009 SW OAKWOOD AVE.
ARCADIA, FL 34269 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: GEORGE W HUGHES

11/02/2004

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: HUGHES, GEORGE W.,
Address: 5009 SW OAKWOOD AVE.
City-St-Zip: ARCADIA, FL 34266

Title: P () Delete
Name: HUGHES, N. SUZANNE
Address: 5009 SW OAKWOOD AVE.
City-St-Zip: ARCADIA, FL 34266

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: HUGHES, GEORGE W
Address: 5009 SW OAKWOOD AVE.
City-St-Zip: ARCADIA, FL 34269

Title: P (X) Change () Addition
Name: HUGHES, N. SUZANNE
Address: 5009 SW OAKWOOD AVE.
City-St-Zip: ARCADIA, FL 34269

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: N SUZANNE HUGHES

P

11/02/2004

Electronic Signature of Signing Officer or Director

Date