

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V29441** (5)

1. Corporation Name

HUGHES-BEESON CONSTRUCTION, INC.



Principal Place of Business

Mailing Address

**1040 BAYVIEW DR
STE 605
FT LAUDERDALE FL 33304**

**1040 BAYVIEW DR
STE 605
FT LAUDERDALE FL 33304**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 33 N.E. 2nd Street		26 33 N.E. 2nd Street		04/13/1992		05/01/1995	
Suite, Apt. #, etc. 22 Suite 200		Suite, Apt. #, etc. 27 Suite 200		4. FEI Number 65-0327551		Applied For Not Applicable	
City & State 23 Ft. Lauderdale, FL		City & State 28 Ft. Lauderdale, FL		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip 24 33301		Zip 29 33301		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Country 25 Broward		Country 30 Broward		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BEESON, J.M. JR.
1040 BAYVIEW DR
STE 605
FT LAUDERDALE FL 33304**

See Boxes 82 - 85
for address change only

81 Name	James M. Beeson, Jr.		
82 Street Address (P.O. Box Number is Not Acceptable)	33 N.E. 2nd Street Suite 200		
83			
84 City	Ft. Lauderdale	FL	85 Zip Code 33301

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEESON, J.M. JR.	1.2 NAME	James M. Beeson, Jr.
STREET ADDRESS	1040 BAYVIEW DR. #0805	1.3 STREET ADDRESS	2881 N.E. 26th Place
CITY-ST-ZIP	FT. LAUDERDALE FL	1.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33306
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUGHES, DAVID J	2.2 NAME	
STREET ADDRESS	1040 BAYVIEW DR., #605	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33304	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEESON, BLAKE J	3.2 NAME	
STREET ADDRESS	2070 NE 63RD ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEGRAVE, KATHERINE	4.2 NAME	2881 N.E. 26th Place
STREET ADDRESS	5350 NW 52ND ST.	4.3 STREET ADDRESS	Ft. Lauderdale, FL 33306
CITY-ST-ZIP	COCONUT CREEK FL	4.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	5.1 TITLE	ST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEGRAVES, SCOTT J.	5.2 NAME	Segraves, Scott J.
STREET ADDRESS	5350 NE 52ND ST	5.3 STREET ADDRESS	2881 N.E. 26th Place
CITY-ST-ZIP	COCONUT CREEK FL	5.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33306
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

James M. Beeson, Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James M. Beeson, Jr. 4/29/96

Date

954467990

Daytime Phone #

56 5-1-91

CR2E034 (12/95)