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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V45668 1. Corporation Name

HUGHES ELECTRIC CO.

Mailing Address

FILED Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90091 036 ***150.00



Principal Place	e of business	Mailing Address			ļ			
3938 S.E. 27TH STREET OKEECHOBEE FL 34974		3938 S.E. 27TH STREET						
		OKEECHOBEE FL 34974			DO NOT WRITE IN THIS SPACE			
						TAGE	-	
					3. Date Incorporated or Qualifed			
			_		06/22/1992			
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Ap	plied For	
21	•	26			65-0346552	No	t Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				\$8.75	Additional	
22		27			5. Certifcate of Status Desired	Fee Re	quired	
City & Stat		City & State			6. Election Campaign Financing	\$5.00	May Bo	
一 	ic.	⊢ '			, , , , , , , , , , , , , , , , , , , ,	•	•	
23	28				Trust Fund Contribution			
Zip	Country	Zip	Cour	ury	8. This corporation owes the current year Intar	_	□N-	
24	25	29	30		T dischart Topolity Tax:	_l Yes	□No	
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Registered A	gent		
				81 Name				
KOL	B, ardell	•	}	00 00	hans (C.O. Bay Number in Net Assertable)			
	8 S.E. 27TH STREET		, 1	82 Street Add	iress (P.O. Box Number is Not Acceptable)			
	ECHOBEE FL 34974		· }	83				
ONL	LONOBLE I E 040/4			65				
			ŀ	84 City		85 Zip (Code	
					FL.			
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statu	tes, the ab	ove-named corp	poration submits this statement for the purpose of cl	nanging its	registered	
office or r	registered agent, or both, in the State	of Florida. Such change was a	authorized	by the corporati	ion's board of directors. I hereby accept the appoint	ment as re	gistered	
agent. I a	m familiar with, and accept the obliga	aions of, Section 607.0505, FR	orida Statu	nes.	1/5/0	~		
SIGNATURE		eb	Me	ident.	4/8/7	<u> </u>		
	Signature, sped or printed name of registered ager			Agent signature require		DIDECTO	DC IN 12	
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND		Addition	
TITLE	P	☐ DELETE	१.१ सा	╚ X	ADDITIONS CHANGES TO OFFICERS AND 1/CE President ARRIN Hughes 938 S.E. 17457. Keeshahee, 71.34974	Change	Addition	
NAME	KOLB, ARDELL		1.2 NA	ME Xe	ARRING			
STREET ADDRESS	3938 S.E. 27TH STREET		1.3 STF	گد REET ADDRESS	938 26 21			
	OKEECHOBEE FL 34974		1.4.CIT	Y-ST-ZIP	Kopahabee, Fl. 3 4974			
CITY-ST-ZIP		□ DELETE	2.1 171			Change	Addition	
TITLE	TS						_	
NAME	HUGHES, DANNY		2.2 NA	ME				
STREET ADDRESS	3938 S.E. 27TH STREET		2.3 ST	REET ADDRESS				
CITY-ST-ZIP	OKEECHOBEE FL 34974		2.4 CI	TY-ST-ZIP				
TITLE		☐ DELETE	3.1 TIT	LE .		Change	☐ Addition	
		_	3.2 NA					
NAME				1				
STREET ADDRESS	}		3.3 STI	REET ADORESS				
CITY-ST-ZIP			3.4. CF	TY-ST-ZIP				
TITLE		☐ DELETE	4.1 TIT	re		Change	☐ Addition	
NAME			I	11.0E				
			4.2 NA	vnc.				
STREET ADDRESS			'					
CITY-ST-ZIP			4.3 ST	REET ADDRESS				
		The par	4.3 STF 4.4 CIT	REET ADDRESS TY-ST-ZIP		□ Change	Addition	
TITLE		DELETE	4.3 STI 4.4 CIT 5.1 TIT	REET ADDRESS PY-ST-ZIP	<u> </u>	☐ Change	Addition	
		☐ DELETE	4.3 STF 4.4 CIT	REET ADDRESS PY-ST-ZIP		Change	☐ Addition	
TITLE		☐ DELETE	4.3 STI 4.4 CIT 5.1 TITI 5.2 NAI	REET ADDRESS PY-ST-ZIP		Change	☐ Addition	
TITLE NAME STREET ADDRESS		☐ DELETE	4.3 STI 4.4 CIT 5.1 TITI 5.2 NAI 5.3 STI	REET ADDRESS IY-ST-ZIP LE ME		☐ Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP			4.3 STI 4.4 CIT 5.1 TITI 5.2 NAI 5.3 STI 5.4 CIT	REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		☐ DELETE	4.3 STI 4.4 CIT 5.1 TIT 5.2 NAJ 5.3 STI 5.4 CIT 6.1 TIT	REET ADDRESS YY-ST-ZIP LE ME REET ADDRESS YY-ST-ZIP LE		☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP			4.3 STF 4.4 CIT 5.1 TITI 5.2 NAI 5.3 STF 5.4 CIT 6.1 TITI 6.2 NAI	REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME				
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			4.3 STF 4.4 CIT 5.1 TITI 5.2 NAI 5.3 STF 5.4 CIT 6.1 TITI 6.2 NAI	REET ADDRESS YY-ST-ZIP LE ME REET ADDRESS YY-ST-ZIP LE				

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

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/99 941-36

941-357-067