

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S29963

Entity Name: HUGHES INSURANCE, INC.

Current Principal Place of Business:

220 S BERNER RD
CLEWISTON, FL 33440

Current Mailing Address:

220 S BERNER RD
CLEWISTON, FL 33440

FEI Number: 65-0241527

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HUGHES, JOHN
910 FAIRLINGTON DR
LAKELAND, FL 33813 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DP
Name HUGHES, KATHLEEN
Address 910 FAIRLINGTON DR
City-State-Zip: LAKELAND FL 33813

Title VPD
Name HUGHES, JOHN
Address 910 FAIRLINGTON DR
City-State-Zip: LAKELAND FL 33813

I hereby 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 all other like empowered.

SIGNATURE: JOHN HUGHES

VP

01/13/2015

Electronic Signature of Signing Officer/Director Detail

Date