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Apr 29, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **J19289**
 1. Corporation Name
HUGHES MASONRY, INC.



Principal Place of Business: 1300 AMBERLEA CT W. DUNEDIN FL 34698 US
 Mailing Address: 402 E ARLINGTON AVE OLDSMAR FL 34677 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 23 **2597 Colony Drive**
 Suite, Apt. #, etc. [22]
 City & State: **Dunedin FL USA**
 Zip: **34698** Country: **USA**

2a. Mailing Address: 26 **830 Painted Canyon Dr.**
 Suite, Apt. #, etc. [27]
 City & State: **Bozeman MT**
 Zip: **59715** Country: **USA**

3. Date incorporated or Qualified: **06/13/1986**

4. FEI Number: **59-2682624**
 Applied For: 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

9. Name and Address of Current Registered Agent
HUGHES, KERRY
402 ARLINGTON AVE EAST
OLDSMAR FL 34677

10. Name and Address of New Registered Agent

81 Name: **HUGHES, KERRY**
 82 Street Address (P.O. Box Number is Not Acceptable): **20 Charles Hughes**
 83 **2597 Colony Drive**
 84 City: **Dunedin** State: **FL** Zip Code: **34698**

11. Pursuant to the provisions of Sections 607.0501 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	D <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUGHES, KERRY	1.2 NAME	830 Painted Canyon Dr.
STREET ADDRESS	1300 AMBERLEA COURT W.	1.3 STREET ADDRESS	Bozeman MT 59715
CITY-ST-ZIP	DUNEDIN FL 34698	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUGHES, CHARLES	2.2 NAME	
STREET ADDRESS	2597 COLONY DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	DUNEDIN FL	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
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 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: Kerry Hughes **Kerry Hughes** Date: 4/22/99
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0498768

CR2E034 (1/98)