

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000005204

**FILED**  
**Mar 31, 2016**  
**Secretary of State**  
**CC5939638511**

**Entity Name:** HUBART CONNECTION, INC.

**Current Principal Place of Business:**

132 CANAL STREET  
NEW SMYRNA BEACH, FL 32168

**Current Mailing Address:**

132 CANAL STREET  
NEW SMYRNA BEACH, FL 32168 US

**FEI Number:** 45-2422374

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CONRAD CONSULTING CORPORATION  
212 PALMETTO STREET  
NEW SMYRNA BEACH, FL 32168 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:** LILLIAN CONRAD

03/31/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           DIRECTOR/PRESIDENT  
Name           FYOCK, TAD  
Address        132 CANAL STREET  
City-State-Zip: NEW SMYRNA BEACH FL 32168

Title           DIRECTOR/TREASURER  
Name           KELLY, LESLIE J  
Address        132 CANAL STREET  
City-State-Zip: NEW SMYRNA BEACH FL 32168

Title           DIRECTOR  
Name           WILD, BEAU  
Address        132 CANAL STREET  
City-State-Zip: NEW SMYRNA BEACH FL 32168

Title           DIRECTOR  
Name           ENGLAND, TERRY J.  
Address        132 CANAL STREET  
City-State-Zip: NEW SMYRNA BEACH FL 32168

Title           DIRECTOR  
Name           KINNEY, SAM  
Address        132 CANAL STREET  
City-State-Zip: NEW SMYRNA BEACH FL 32168

*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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** TAD FYOCK

**PRESIDENT**

03/31/2016

Electronic Signature of Signing Officer/Director Detail

Date