SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 250786

(1)

HUBERT BROOKS DODGE, INC.

Principal Place of Business

Mailing Address

FILED Sep 03 1997 8:00am Secretary of State



8/20/02

P.O. BOX 2404 TAMPA FL 336	8	P.O. BOX 24048 TAMPA FL 33623			DO NOT WRITE			
					3. Date Incorporated or Qualified 08/31/1961	d 3a. Date of Last Report 01/30/1996		
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number			plied For
21 /6602	JANdiNerA DEAL	414 VO BO	X 241	048	59-0936753			ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27					5. Certificate of Status Desired		Fee Required	
City & State City & State 23 TAMPA F1 28 TAMPA			4, F1		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
24 336	Country 25		Countr 30	y 	8. This corporation owes or has pai Personal Property Tax due June	30. 🗀] Yes [angible No
	9. Name and Address of Current	Registered Agent		T	10. Name and Address of New Reg	istered #	gent	
	OKS,H E		81	Name				
913 LAURELWOOD LANE				82 Street Address (P.O. Box Number is Not Acceptable)				
WES	SLEY CHAPEL FL 33543-1425			ļ				
			83					
			84	City		FL	85 Zip (Code
11 Pureupot to	o the provisions of Sections 607 0502	and 607 1508 Florida Statutos	the abov	e-named co	rporation submits this statement for the p		changing it	e registered
office or re	egistered agent, or both, in the State of familiar with, and accept the obligation	Florida. Such change was au	ithorized b	v the corpora	ation's board of directors. I hereby accep	t the appo	ointment as	registered
	Signature, typed or printed name of repiskwod agent			ent signature requ	uired when reinstating)	DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFIC	ERS AND		
TITLE	PD OVE U.C.	☐ DELETE	1.1 TITLE				Change	Addition
NAME	BROOKS,H E 16602 JARDINERA BR DEA	ALLI	1.2 NAME					
STREET ADDRESS		,	1	TADDRESS				
CITY-ST-ZIP	DAMPAJE	DELETE	1.4 CiTY -	ST-ZIP			Change	Addition
TITLE	BROOKS, JUDY	 -	2.1 TITLE				Change	Addition
NAME	16602 JARDINERA DA	AUILA	2.2 NAME					
STREET ADDRESS	HIERON TAMES OF E.		1	1 ADDRESS				
CITY-ST-ZIP TITLE	- Irmpajr	DELETE	2. 4 CITY- 3.1 TITLE	S1-ZIP			Change	Addition
NAME	•		3.2 NAME				L Divingo	
STREET ADDRESS				T ADDRESS				
CITY-ST-ZIP			3.4. CITY-					
TITLE		DELETE	4.1 TITLE	31-211			Change	Addition
NAME			4, 2 NAME	:			_	_
STREET ADDRESS			4.3 STREE	1 ADDRESS				
CITY-ST-ZIP			4.4 CITY-	ST-ZIP				
TITLE		DELETE	5 1 TITLE				Change	Addition
NAME			5.2 NAME					
STREET ADDRESS			5 3 STREE	T ADDRESS				
City-St-Zip			5.4 CITY -	S1-ZIP				
TITLE		☐ DELETE	6.1 TITLE				Change	☐ Addition
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREE	T ADDRESS				
CITY-ST-ZIP			6 4 City-					
information I am an off	n Indicated on this annual report or sup	oplemental annual report is tru to receiver or trustee empowe	e and acc red to exe	urate and tha	ed in Section 119 07(3)(i), Florida Stalutes at my signature shall have the same legal ort as required by Chapter 607, Florida St	effect as	if made una	der oath; that