

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 303176 (2)

1. Corporation Name
G. B. HUBER & SONS, INC.



Principal Place of Business
410 S. COLLINS STREET
P.O. BOX 1856
PLANT CITY FL 33566

Mailing Address
410 S. COLLINS STREET
P.O. BOX 1856, N/A
PLANT CITY FL 33564-1856
US

3. Date Incorporated or Qualified 03/22/1966 3a. Date of Last Report 04/14/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	59-1117436	Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24. Country	29. Country	30. This corporation has liability for intangible tax under s 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

HUBER JR, G B
3521 NORTH WILDER
PLANT CITY FL 33566

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	FL

11. Pursuant to the provisions of Sections 607.0502 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	PD HUBER JR, G B	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3521 NORTH WILDER	12 NAME	
STREET ADDRESS	PLANT CITY FL	13 STREET ADDRESS	
CITY-ST-ZIP	SD	14 CITY-ST-ZIP	
TITLE	HUBER, MICHAEL E	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4713 TRILBY	22 NAME	
STREET ADDRESS	TAMPA FL	23 STREET ADDRESS	
CITY-ST-ZIP	VT	24 CITY-ST-ZIP	
TITLE	HUBER, CHARLES J	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2404 KAREN DR.	32 NAME	
STREET ADDRESS	PLANT CITY FL	33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Charles J Huber* CHARLES J HUBER

2/21/96

813-752-6394

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)