

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

FILED

97 JUN 16 PM 12:31

DOCUMENT # 373095 (9)  
1. Corporation Name  
BILL HUBBARD, INC.



Principal Place of Business Mailing Address  
P.O. BOX 4036 TALLAHASSEE FL 32315 P.O. BOX 4036 TALLAHASSEE FL 32315

3. Date Incorporated or Qualified 11/20/1970 3a. Date of Last Report 07/03/1995  
4. FEI Number 59-1312451 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 has liability for intangible tax under s 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip 29 Country 30 Country

9. Name and Address of Current Registered Agent

HUBBARD, WILLIAM V.  
4949 SIX OAKS DR.  
TALLAHASSEE FL 32303

10. Name and Address of New Registered Agent

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

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 *William V. Hubbard* 6-12-97 DATE  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS  
TITLE P HUBBARD, WILLIAM V. DELETE  
NAME HUBBARD, WILLIAM V.  
STREET ADDRESS 4949 SIX OAKS DR.  
CITY-ST-ZIP TALLAHASSEE FL  
TITLE DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE Change Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
2.1 TITLE Change Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
3.1 TITLE Change Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE Change Addition  
4.2 NAME  
4.3 STREET  
4.4 CITY-ST-ZIP  
5.1 TITLE Change Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE Change Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

500002215855-7  
-06/18/97-01070-028  
\*\*\*\*\$915.00 \*\*\*\*\$915.00

REINSTATEMENT

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *William V. Hubbard* 4-12-97 904-894-0645  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (3/96)