

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 440072 (7)

1. Corporation Name

SECURE INVESTMENTS, INC.



Principal Place of Business

Mailing Address

C/O D.F. HUBSCH
5209 SAN JOSE BLVD. STE 102B
JACKSONVILLE FL 32207-4663

C/O D.F. HUBSCH
5209 SAN JOSE BLVD. STE 102B
JACKSONVILLE FL 32207-4663

2. Principal Place of Business

2a. Mailing Address

21 6015 MORROW RD. E.
Suite, Apt. #, etc.

26 6015 MORROW RD. E.
Suite, Apt. #, etc.

22 SUITE 116
City & State

27 SUITE 116
City & State

23 JACKSONVILLE, FL
Zip Country

28 JACKSONVILLE, FL
Zip Country

24 32217 25 U.S.A.

29 32217 30 U.S.A.

9. Name and Address of Current Registered Agent

HUBSCH (DANIEL F.)
5209 SAN JOSE BLVD
SUITE 102B
JACKSONVILLE FL 32207

3. Date Incorporated or Qualified

11/19/1973

3a. Date of Last Report

05/01/1995

4. FEI Number

59-1702381

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

10. Name and Address of New Registered Agent

81 Name
HUBSCH (DANIEL F.)
82 Street Address (P.O. Box Number is Not Acceptable)
6015 MORROW RD. E.
83 SUITE 116
84 City
JACKSONVILLE FL 85 Zip Code
32217

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

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

TITLE PD
NAME HUBSCH, BERTICA O
STREET ADDRESS 8618 VILLA SAN JOSE DR E
CITY-ST-ZIP JACKSONVILLE FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE STD
NAME HUBSCH, DANIEL F
STREET ADDRESS 8618 VILLA SAN JOSE DR E
CITY-ST-ZIP JACKSONVILLE FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-96 904-636-7836

CP2E034 (12/95)