

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 11:05

DOCUMENT # **450934** (5)

1. Corporation Name
HUBER CONSTRUCTION COMPANY

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business 35 W CHURCH ST P.O. BOX 980 ORLANDO FL 32802		Mailing Address 35 W CHURCH ST P.O. BOX 980 ORLANDO FL 32802		3. Date Incorporated or Qualified 04/01/1974	3a. Date of Last Report 06/01/1994
2. Principal Place of Business 21 4405 Vineland Road	2a. Mailing Address 26 4405 Vineland Road		4. FEI Number 59-1584658	Applied For Not Applicable	
22 Suite, Apt. #, etc. C-13	27 Suite, Apt. #, etc. C-13		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
23 City & State Orlando, Florida	28 City & State Orlando, Florida		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
24 Zip 32811	25 Country Orange	29 Zip 32811	30 Country Orange	8. This corporation has liability for intangible tax under § 199.032 Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

8. Name and Address of Current Registered Agent MCCRAE, JAMES, ESQ. 28 EAST WASHINGTON STREET ORLANDO FL 32802				10. Name and Address of New Registered Agent	
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)	
				P.O. Box 1969	
83				84 City	
				Orlando 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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	HUBER, DONALD M	1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	35 W CHURCH STREET	1.2 NAME	
STREET ADDRESS	ORLANDO, FL 00000	1.3 STREET ADDRESS	4405 Vineland Road, Suite C-13
CITY- ST- ZIP		1.4 CITY- ST- ZIP	Orlando, FL 32811
TITLE STD	HUBER, MARY LOU	2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	32802CHURCH STREET	2.2 NAME	
STREET ADDRESS	ORLANDO FL	2.3 STREET ADDRESS	4405 Vineland Road, Suite C-13
CITY- ST- ZIP		2.4 CITY- ST- ZIP	Orlando, FL 32811
TITLE		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY- ST- ZIP		3.4 CITY- ST- ZIP	
TITLE		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		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)(b), 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: Donald M. Huber **DONALD M. HUBER** **4-28-95** **467-843-1370**
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR (Date) (Telephone Number)