

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 # **450934 (5)**
1. Corporation Name
HUBER CONSTRUCTION COMPANY



Principal Place of Business: **4405 VINELAND ROAD C 13 ORLANDO FL 32811 US**
Mailing Address: **4405 VINELAND ROAD C 13 ORLANDO FL 32811 US**

3. Date Incorporated or Qualified: **04/01/1974**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-1584658**
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: **904 MAIN ST.**
2a. Mailing Address: **PO Box 730**
21. City, State: **WINDERMERE, FL**
22. Zip: **34786** Country: **USA**
23. City, State: **WINDERMERE, FL**
24. Zip: **34786** Country: **USA**

9. Name and Address of Current Registered Agent:
**MCCRAE, JAMES, ESQ.
PO BOX 1989 ORANGE AVENUE
ORLANDO FL 32808 1**

10. Name and Address of New Registered Agent:
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code: **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 date of signature)
DATE: _____ (Date of signature)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HUBER, DONALD M	
STREET ADDRESS	PO Box 730 4405 VINELAND ROAD SUITE C13	
CITY- ST- ZIP	ORLANDO FL WINDERMERE, FL 34786	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	HUBER, MARY LOU	
STREET ADDRESS	4405 VINELAND ROAD SUITE C13	
CITY- ST- ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P, D, S, T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Huber, Donald M.	
1.3 STREET ADDRESS	P.O. Box 730 N/A	
1.4 CITY- ST- ZIP	WINDERMERE, FL 34786	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY- ST- ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY- ST- ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY- ST- ZIP		
5.1 TITLE	80000185430	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS	-06/06/96 --01120--002	
5.4 CITY- ST- ZIP	***200.00	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: **Donald M. Huber** **Donald M. HUBER** **4/29/96** **407-876-2525**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)