

# 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 # 560627 (2)

1. Corporation Name

HUBER DESIGN AND CONSTRUCTION, INC.



Principal Place of Business

Mailing Address

~~4405 VINELAND ROAD~~  
~~SUITE G-13~~  
~~ORLANDO FL 32811~~  
US

~~4405 VINELAND ROAD~~  
~~SUITE G-13~~  
~~ORLANDO FL 32811~~  
US

2. Principal Place of Business

2a. Mailing Address

21 904 MAIN ST.

26 P O Box 730

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 WINDERMERE, FL

28 WINDERMERE FL

24 Zip 34786

Country

25 USA

29 Zip 34786

Country

30 USA

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified  
02/16/1978

3a. Date of Last Report  
05/01/1995

4. FEI Number

59-1888571

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

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

MCCRAE, JAMES ESQ.

~~P.O. BOX 1963~~ 2 S. ORANGE AVE.

ORLANDO FL 32802

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 its corporation.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME HUBER, DONALD M  
STREET ADDRESS PO BOX 730  
CITY-ST-ZIP 4405 VINELAND ROAD, SUITE G-13  
ORLANDO FL WINDERMERE FL 34786

TITLE ~~STD~~  
NAME ~~HUBER, MARY LOU~~  
STREET ADDRESS ~~4405 VINELAND ROAD, SUITE G-13~~  
CITY-ST-ZIP ~~ORLANDO FL~~

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 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 637, 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/29/96 407-876-2525

Original Phone #

CR2E034 (12/95)