FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED May 08 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # 560627 (2)HUBER DESIGN AND CONSTRUCTION, INC. Principal Place of Business Mailing Address 904 MAIN ST P.O. BOX 730 WINDERMERE FL 34786 WINDERMERE FL 3478-DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/16/1978 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 59-1888571 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional П 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Yes Personal Property Tax due June 30. 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent MCCRAE, JAMES ESQ. B1 2 S. ORANGE AVE Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32801 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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE Change Addition TITLE HUBER, DONALD M NAME 1.2 NAME P.O. BOX 730 STREET ADDRESS 1,3 STREET ADDRESS WINDERMERE FL CITY-ST-ZIP 1.4 CITY-ST-ZIP Addition DELETE ☐ Change 21 TITEF TITLE 2.2 NAME NAME STREET ADORESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CiTY-ST-ZIP Addition DELETE Change TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST- ZIP DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TATLE

6.4 CITY-ST-ZIP 14. Thereby certify that the information supplied with this fifting does not qualify for the exemption stated in Section 119.07(3)(i). 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 receipm 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 chapter 6, or on an atjay innent with an address.

5.2 NAME

61 TITLE 6.2 NAME

5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

SIGNATURE:

NALIE STREET ADDRESS

TITLE

NAME

City-ST-ZIP

STREET ADDRESS

DELETE

Change

Addition