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Mar 25 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 631140 (1)

1. Corporation Name
HUBBY'S, INCORPORATED

Principal Place of Business
1410 N ROSS AVE
P.O. BOX 420511
KISSIMMEE FL 34742-7511

Mailing Address
1410 N ROSS AVE
P.O. BOX 420511
KISSIMMEE FL 34742-0511



3. Date Incorporated or Qualified 07/27/1979
3a. Date of Last Report 03/07/1996

4. FEI Number 59-1934591
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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip 34744 Country

28 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HUSBAND, JAMES T
1410 N ROSS AVE
KISSIMMEE FL 34744

81 Name

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

83

84 City

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

Signature of type for printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME HUSBAND, JAMES T.
STREET ADDRESS 506 LAKESHORE BLVD.
CITY-ST-ZIP KISSIMMEE FL 34744

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

TITLE SD
NAME HUSBAND, MARGARET A.
STREET ADDRESS 506 LAKESHORE BLVD.
CITY-ST-ZIP KISSIMMEE FL 34744

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

TITLE D
NAME HUSBAND, THOMAS K
STREET ADDRESS 12126 BETTY ANN DR
CITY-ST-ZIP ORLANDO FL 32832

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

TITLE VD
NAME HUSBAND, ROBERT D
STREET ADDRESS 1740 KINGS HWY
CITY-ST-ZIP KISSIMMEE FL 34744

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 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 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 omitted in the Statement of Officers and Directors.

SIGNATURE:

Margaret A. Husband
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/97

Date

407-846-7996

Daytime Phone

CR2E034 (9/96)