

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 AM 11:34

DOCUMENT # 672729 (1)

1. Corporation Name:

HUBBELL FUNERAL HOME AND CREMATORY, INC.

Principal Place of Business
**499 N. INDIAN ROCKS ROAD
C/O STELLA M. HUBBELL
BELLEAIR BLUFFS FL 34640-2014**

Mailing Address
**499 N. INDIAN ROCKS ROAD
C/O STELLA M. HUBBELL
BELLEAIR BLUFFS FL 34640-2014**

(DO NOT WRITE IN THIS SPACE)

3. Date Incorporated or Qualified 05/28/1980	3a. Date of Last Report 06/01/1994
4. FIC Number 59-2145422	Applied For (See Application)
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 § 193.032, Florida Statutes. ☐ Yes ☐ No	

2. Principal Place of Business 21	2a. Mailing Address 20
State, Apt. #, etc. 22	State, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Country 29	Zip 30

9. Name and Address of Current Registered Agent

**HUBBELL, STELLA M.
499 N. INDIAN ROCKS ROAD
BELLEAIR BLUFFS FL 34640**

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	

11. Pursuant to the provisions of Sections 607.0503 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 approved by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligation of, Section 607.0503, Florida Statutes.

SIGNATURE:

Stella M. Hubbell

Stella M. Hubbell STD

2-9-95

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	HUBBELL, GERALD B.
STREET ADDRESS	464 JEWELL COURT
CITY & ZIP	BELLEAIR BLUFFS FL
TITLE	STD
NAME	HUBBELL, STELLA M.
STREET ADDRESS	464 JEWELL COURT
CITY & ZIP	BELLEAIR BLUFFS FL
TITLE	VD
NAME	HUBBELL, GERALD C
STREET ADDRESS	499 N INDIAN ROCKS ROAD
CITY & ZIP	BELLEAIR BLUFFS FL
TITLE	D
NAME	FERM, KEVIN
STREET ADDRESS	499 N INDIAN ROCKS ROAD
CITY & ZIP	BELLEAIR BLUFFS FL
TITLE	D
NAME	FERM, MELINDA HUBBELL
STREET ADDRESS	499 N INDIAN ROCKS ROAD
CITY & ZIP	BELLEAIR BLUFFS FL
TITLE	
NAME	
STREET ADDRESS	
CITY & ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D To be deleted ☒ Change ☐ Addition
17 NAME	Melinda Hubbell FERM
18 STREET ADDRESS	499N. Indian Rocks Road
19 CITY & ZIP	Belleair Bluffs, FL. 34640
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY & ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY & ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY & ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY & ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY & 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 340.02(5)(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 person or persons empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 of this filing, if changed, or on an attachment with an address.

SIGNATURE: **Stella M. Hubbell**
Stella M. Hubbell STD

Feb 9, 1995