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CORPORATION ANNUAL REPORT

1995

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

APPROVED

95 [illegible] 11:15

DOCUMENT # **680869** **(5)**

1. Corporate Name

HUBBARD & HUBBARD, CERTIFIED PUBLIC ACCOUNTANTS. P.A.

Principal Place of Business	Mailing Address
5701 MAIN STREET C/O CONRAD E. HUBBARD NEW PORT RICHEY FL 34652	5701 MAIN STREET C/O CONRAD E. HUBBARD NEW PORT RICHEY FL 34652

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/04/1980	3a. Date of Last Report: 05/01/1994
2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) County (25)	Zip (29) County (30)
4. FEI Number: 59-2029565	☐ 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 files nearly for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HUBBARD, CONRAD E. 5701 MAIN STREET NEW PORT RICHEY FL 33552	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code 34652

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 [illegible]

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
10 TITLE	S	11 TITLE	☐ Change ☐ Addition
11 NAME	HUBBARD, CHLO G	12 NAME	
12 STREET ADDRESS	5627 TENNESSEE AVENUE	13 STREET ADDRESS	
13 CITY ST ZIP	NEW PORT RICHEY FL	14 CITY ST ZIP	
20 TITLE	DP	21 TITLE	☐ Change ☐ Addition
21 NAME	HUBBARD, CONRAD E	22 NAME	
22 STREET ADDRESS	5627 TENNESSEE AVENUE	23 STREET ADDRESS	
23 CITY ST ZIP	NEW PORT RICHEY FL	24 CITY ST ZIP	
30 TITLE	DV	31 TITLE	☐ Change ☐ Addition
31 NAME	HUBBARD, CRAIG W	32 NAME	
32 STREET ADDRESS	14100 N 46TH STREET, UNIT 101	33 STREET ADDRESS	
33 CITY ST ZIP	TAMPA FL	34 CITY ST ZIP	
40 TITLE	D	41 TITLE	☒ Change ☐ Addition
41 NAME	NERTNEY, JOHN T	42 NAME	Please remove; no longer a Director
42 STREET ADDRESS	6719 WHITEWAY DRIVE	43 STREET ADDRESS	
43 CITY ST ZIP	TEMPLE TERRACE FL	44 CITY ST ZIP	
50 TITLE		51 TITLE	☐ Change ☐ Addition
51 NAME		52 NAME	
52 STREET ADDRESS		53 STREET ADDRESS	
53 CITY ST ZIP		54 CITY ST ZIP	
60 TITLE		61 TITLE	☐ Change ☐ Addition
61 NAME		62 NAME	
62 STREET ADDRESS		63 STREET ADDRESS	
63 CITY ST ZIP		64 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)(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 on an attachment with an address.

SIGNATURE: Conrad E. Hubbard 5/1/95 813 848-8263

SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR

Conrad E. Hubbard, C.P.A.

Date Daytime Phone #

0363024 CP