SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. **FILED** AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25) NONPROFIT FLORIDA DEPARTMENT OF STATE Jul 23 1998 8:00am CORPORATION Sandra B. Möltinam. ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # 741462 (6)HUBBARD HOUSE, INC. Principal Place of Business Mailing Address P O BOX 4909 4800 BEACH BLVD 3. Date Incorporated or Qualified JACKSONVILLE FL 32201 SUITE 6 01/26/1978 JACKSONVILLE FL 32207 4. FEI Number Applied For (confinential Location) 59-1814635 Not Applicable 2. Principal Place of Business 5+/41/ 2a. Malling Address \$8.75 Additional 5. Certificate of Status Desired 450 Palmetto 26 Fee Required Suite, Apt. #, etc. Suite, Apt. #, etc. \$5.00 May Be 6. Election Campaign Financing 22 27 Trust Fund Contribution Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners assured Yes Woo JACKSONVIlle 23 28 8. This corporation owes or has paid the current year intengible Personal Property Tex due June 30. Country Country Zio 32201 25 DUVAL Personal Property Tax due June 30. 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name Street Address (P.O. Box Number, is Not Acceptable),
450 Palms Ho Bticet DE YOUNG, RITA K. 82 3049 SANS PAREIL ST 83 JACKSONVILLE FL 32216 Zip Code 3ユン0/ 84 CityJACKSOnville 11. Pursuant to the provisions of sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and still if applicable.

(NOTE: Registered Agent signature required when reliabilisting)

DATE (2/38)OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. 1.1 TITLE TITLE Change Addition DELETE ellen Siler DEYOUNG, RITA K. 579 Loring Village Ct. NAME 1.2 NAME 3049 SANS PAREIL ST 1.3 STREET ADDRESS STREET ADDRES Orange Park, F1. 32073 Jaoksonville, Fl 00000 1.4 CITY-ST-ZIP CITY-ST-ZH 2.1 TITLE D Immediate Past Gresident Thehange Addition TITLE DELETE Helen TACICSON 8008 Whisper Lake Lane, East Ponte Vedra Bch, Fl 32082 Jaokson, Helen 2.2 NAME NAME **18006 WHISPER LAKE LANE, EAST** 2.3 STREET ADDRESS PONTE VEDRA BEACH FL CITY-ST-ZIP 2.4 CITY-ST-ZIP Secretary Cox DELETE Addition TITLE 31 TITLE Change STEWART, JUNE NAME 3 2 NAME 2235 Beach comber Trail 10322 TRIPLE CROWN AVE. STREET ADDRES 3.3 STREET ADDRESS Atlantic Beach, Fl 32233 JACKSONVILLE FL 32257 3.4 CITY-ST-ZIP CITY-ST-ZIF President 4.1 TITLE TITLE DELETE Addition Susan Wallace WALLACE, SUSAN 4.2 NAME NAME 1912 HICKORY LN 1912 Hickory Ln. Atlantic Beach, Fl. 4.3 STREET ADDRESS ATLANTIC BEACH FL CITY-ST-ZIP 4.4 CITY-ST-ZIP F.V.P. Change Addition TITLE 5.1 TITLE DELETE LISA Strange 5.2 NAME NAME 3832 Fenwick Island Dr. STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP JACKSONUILL, Fl. 32224 CITY-ST-ZIP S. V.P. TITLE DELETE 8.1 TITLE Change Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

14. I 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 certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that the information in Block 12 or Block 13 if changed, or on an ettachment with an address.

SIGNATURE: 2

DIGNATURE AND TYPED OF PRINTED NAME OF RIGHING OFFICER OF INDECTOR

(904)354-0076 Just