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CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 19 AM 9:31

DOCUMENT # F39617 (8)

1. Corporation Name

THE HUBBARD COMPANY, INC.

Principal Place of Business	Mailing Address
4741 ATLANTIC BLVD JACKSONVILLE FL 32207	4741 ATLANTIC BLVD JACKSONVILLE FL 32207

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/01/1981
3a. Date of Last Report: 04/07/1994
4. FEI Number: 59-2097310 [ ] 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 [X] Yes [ ] No

2. Principal Place of Business	2a. Mailing Address
21 4201 N.W. 16 th BLVD	26 4712 N.W. 72ND LANE
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 GAINESVILLE	City & State 28 GAINESVILLE
Zip 24 32606 / Country 25 ALACHUA	Zip 29 32653 / Country 30 ALACHUA

9. Name and Address of Current Registered Agent

HUBBARD, JACQUELYN H
~~4741 ATLANTIC BLVD~~
~~JAKSONVILLE FL 32207~~

J.H. HUBBARD
4712 N.W. 72ND LANE
GAINESVILLE, FLA 32653

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 607.0502 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 Jacquelyn H. Hubbard

12. OFFICERS AND DIRECTORS

TITLE	DPT
NAME	HUBBARD, JACQUELYN H
STREET ADDRESS	4741 ATLANTIC BLVD
CITY ST ZIP	JACKSONVILLE, FL 00000
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

1 TITLE	J.H. HUBBARD	[ ] Change [ ] Addition
1 NAME	4712 N.W. 72ND LANE	
1 STREET ADDRESS	GAINESVILLE, FLA 32653	
1 CITY ST ZIP		
2 TITLE		[ ] Change [ ] Addition
2 NAME		
2 STREET ADDRESS		
2 CITY ST ZIP		
3 TITLE		[ ] Change [ ] Addition
3 NAME		
3 STREET ADDRESS		
3 CITY ST ZIP		
4 TITLE		[ ] Change [ ] Addition
4 NAME		
4 STREET ADDRESS		
4 CITY ST ZIP		
5 TITLE		[ ] Change [ ] Addition
5 NAME		
5 STREET ADDRESS		
5 CITY ST ZIP		
6 TITLE		[ ] Change [ ] Addition
6 NAME		
6 STREET ADDRESS		
6 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: Jacquelyn H. Hubbard 1/12/95 904/ 373. 1288

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

0016345 CP