FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham DWISION OF COMPORATIONS ANNUAL REPORT 1996 (2)DOCUMENT # 1. Corporation Name EATHEL A. HUBER INC. Mailing Address Principal Place of Business 351 CONCORD DR. 351 CONCORD DR. CASSELBERRY FL 32707 CASSELBERRY FL 32707 3a. Date of Last Report 3. Date incorporated or Qualified 04/26/1995 08/29/1987 Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business 59-2845640 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Suite, Apt. #, etc. Fee Required 27 22 \$5.00 May Be 6. Election Campaign Financing City & State City & State Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s 199.032, Country Country Zip ☐ Yes IPNo Florida Statutes 30 29 25 10. Name and Address of New Registered Agent 24 9. Name and Address of Current Registered Agent 81 Name Street Address (P.O. Box Number is Not Acceptable) 82 HUBER, EATHEL A. 351 CONCORD DR. 83 CASSELBERRY FL 32707 Zip Code 85 City 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. familiar with, and accept the charge of Py & SIGNATURE EATING A Hubey Py & SIGNATURE EATING A register of range of registered agent and tile if applicable CR2E034 (12/95) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. ☐ Addition 12. Change DELETE 1.1 TITLE TITLE 1.2 NAME HUBER, EATHEL A. NAME 351 CONCORD DR. 1.3 STREET ADDRESS STREET ADDRESS CASSELBERRY FL 1.4 CITY-ST-ZIP CITY-ST-ZIP [7] Change Addition DELETE 2. 1 TITLE TITLE 22 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY - ST-ZIP CITY - ST - ZIP ☐ Addition DELETE 3.1 TITLE TITLE 32 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY - ST - ZIP CITY - ST - ZIP Change Addition DELETE 4. 1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP Addition CITY-ST-ZIP Change ☐ DELETE 5 1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP DITY-ST-ZIP ■ Addition Change DELETE 6 1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 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 1 19.07(3)(k), 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 or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify 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:

SIGNATURE:

Description of the corporation of the corporation of 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:

Description of the corporation of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes. I further than the corporation of the corporation of the corporation of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes. I further than the corporation of the corpor 64 CITY - ST - ZIP