FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE

FILED

Jan 31 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J90880

(2)

EATHEL A. HUBER INC.

appears in Block 12 or Block 13 i

CATTICE	A HODEH MO										
Principal Place of Business			Mailing Address				I MOTTH EATH TOTAL OF	at saidt talls all		MEMATE MANATE MANTE	#J#II 18#1
351 CONCORD DR. 351 CONCORD DR. CASSELBERRY FL 32707 CASSELBERRY FL 32707-3214											
							3. Date Incorporated 08/29/1987	or Qualified	1 -	ate of Last Re /30/1996	eport
2. Principal Place of Business 21			2a. Mailing Address 26				4. FEI Number 59-2845640			 +	plied For t Applicable
Suite, Apt. #	#, etc.		Suite, Apt. #, etc.				5 Cartificate of Status Desired \$8.75 Additional				
22			27						Fee Re	· ·····	
City & State		28	City & State				6. Election Campaigr Trust Fund Contrib	ution		\$5.00 Added t	o Fees
Zip	Country		Z ₍ p Country			,	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No				
24 25 2 9. Name and Address of Current Re			d			Florida Statutes KL Yes LJ No 10. Name and Address of New Registered Agent					
LIII	ER, EATHEL A.	sa or current ricy	oterou Agont		81	Name					
351			82	Street Add	iress (P.O. Box Number is	Not Accepta	ble)				
CAS	SELBERRY FL 3270	1			В3						
					84	City			FL	85 Zip (Code
office or re	to the provisions of Sect egistered agent, or both ni familiar with, and acc	un the State of Eloi	rida. Such change w	as authorize	ed by	v the combara	poration submits this state ation's board of directors. I	ment for the hereby acce	purpose o	f changing it pointment as	s registered registered
SIGNATURE	Signature: typed or proped name		to it post cards	NOTE: Popieter	ed An	ant pional ire recu	uired when reinstating)		DATE		
12.		FFICERS AND DIRE		13.		ent algridiore requ	ADDITIONS/CHANC	ES TO OFFI		D DIRECTOR	IS IN 12
TITLE	D		DELETE	1.1	THTLE					Change	Addition
NAME	HUBER, EATHEL A			1.21	NAME						
STREET ADDRESS	351 CONCORD DE			1.3	STREET	ADDRESS					
CITY -ST - Z-P	CASSELBERRY FL		DOLETE			ST-ZIP		······································		Change	Addition
TILE			L] DELETE	1	TITLE					L. Dinnigo	L) Addition
NAME					NAME CTREE	T ADDRESS					,
STREET ADDRESS CITY ST-ZIP						ST-ZIP					
THE			☐ DELETE		TITLE	91-EII				Change	Addition
NAME				3.2	NAME						
STREET ADDRESS				3.3	STREE	T ADDRESS			,		
CITY - ST - ZIP				3.4.	CITY-	ST-ZIP					
TILE	,		DELETE	4.1	TITLE					Change	Addition
NAME					NAME						
STREET ADDRESS				4.3	STREE	T ADDRESS					
CITY-ST-ZIP			[] occurre		•	ST-ZIP				Change	Addition
THE			DELETE		TITLE	1				L Change	L. Addition
NAME					NAME	Y 4800500					
STREET ADDRESS						T ADDRESS					
CITY-ST-ZIP TITLE			DELETE		CITY-:	ST-ZIP				Change	☐ Addition
NAME			L. J DECETE		NAME	1					
STREET ADDRESS						T ADDRESS					
CITY ST-ZIF			•			ST-ZIP					
14 Ldo berel	L by certify that the inform	nation supplied with	this filing does not q	ualify for th	e ex	emption state	ed in Section 119.07(3)(i), l	-lorida Statut	es. I furth	er certify that	the
l informatio	of indicated on this ann	ual report or supple	mental annual report	Lis true and	Lacc	urate and th	at my signature shall have ort as required by Chapter	the same leo	nal effect a	as if made un	ider oath: that