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CORPORATION
ANNUAL REPORT

1993/1995



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

Name and Mailing Address of Corporation: DOCUMENT # K53567 (9)

HUBBS DEVELOPMENT, INC.
7738 INDUSTRIAL
P. O. BOX 150279
MELBOURNE FL 32904-1631

APPROVED
AND
FILED

95 MAY - 1 PM 1:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2.

FILING FEE \$200.00		ANNUAL REPORT \$61.25 + \$138.75 CORPORATION SUPPLEMENTAL FEE MAKE CHECK PAYABLE TO DEPARTMENT OF STATE		3. Date Incorporated or Qualified 12/27/1988		3a. Date of Last Report 02/24/1992/1994					
2. Mailing Address 21 1535 N. COGSWELL State, Apt. #, etc. 22 A-3 City & State 23 ROCKLEDGE FL Zip 24 32955 Country 25 USA				2a. Principal Place of Business 26 State, Apt. #, etc. 27 City & State 28 Zip 29 Country 30				4. FEI Number 592919658		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			
				7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐				\$138.75 Supplemental Fee Not Required			
				8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No							

9. Name and Address of Current Registered Agent

UNGAR, FRANCES L.
401 COLUMBUS CIRCLE
LONGWOOD FL 32750

10. Name and Address of New Registered Agent

81 Name			
82 Street Address (P.O. Box Number is Not Acceptable)			
83			
84 City	85 Zip Code	86 Country	
FL			

Pursuant to the provisions of Sections 607.0502 and 607.1508 or 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 607.0505, Florida Statutes.

SIGNATURE

(Registered Agent Accepting Appointment)

DATE

12. OFFICERS AND DIRECTORS		13. OFFICERS AND DIRECTORS CHANGES	
1.1 TITLE 1.2 NAME 1.3 ADDRESS 1.4 CITY - ST - ZIP	D UNGAR, FRANCES L. 452 FINCH DRIVE SATellite BEACH FL	1.1 TITLE 1.2 NAME 1.3 ADDRESS 1.4 CITY - ST - ZIP	1535 N. COGSWELL A-3 ROCKLEDGE FL. 32955
2.1 TITLE 2.2 NAME 2.3 ADDRESS 2.4 CITY - ST - ZIP		2.1 TITLE 2.2 NAME 2.3 ADDRESS 2.4 CITY - ST - ZIP	9000001491753 -05/17/95--01140--019 ****200.00 ****200.00
3.1 TITLE 3.2 NAME 3.3 ADDRESS 3.4 CITY - ST - ZIP		3.1 TITLE 3.2 NAME 3.3 ADDRESS 3.4 CITY - ST - ZIP	
4.1 TITLE 4.2 NAME 4.3 ADDRESS 4.4 CITY - ST - ZIP		4.1 TITLE 4.2 NAME 4.3 ADDRESS 4.4 CITY - ST - ZIP	
5.1 TITLE 5.2 NAME 5.3 ADDRESS 5.4 CITY - ST - ZIP		5.1 TITLE 5.2 NAME 5.3 ADDRESS 5.4 CITY - ST - ZIP	
6.1 TITLE 6.2 NAME 6.3 ADDRESS 6.4 CITY - ST - ZIP		6.1 TITLE 6.2 NAME 6.3 ADDRESS 6.4 CITY - ST - ZIP	

14. I certify that the information disclosed on this annual report is true and accurate and that no statement made therein has any legal effect as if made under oath. I further certify that no person has been named as a director or officer of the corporation who is not a resident of Florida or holding empowered to execute the report as required by Chapter 607 or Chapter 617, Florida Statutes, and that my name appears in Block 12, Block 13, or on an Attachment with an address.

SIGNATURE

FRANCES UNGAR

Title(s)

DATE

2-10-93
(407) 728 8900