

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

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Apr 17 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Murtham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L17648** (1)

1. Corporation Name
HUBBARD PROPERTIES, INC.

Principal Place of Business 2521 DOBBS RD. UNIT #7 ST. AUGUSTINE FL 32086	Mailing Address 2521 DOBBS RD. UNIT #7 ST. AUGUSTINE FL 32086-5294
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/20/1989	3a. Date of Last Report 04/16/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 11-3025702	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent BENZENBERG, GREG UNIT #7 2521 DOBBS ROAD ST. AUGUSTINE FL 32086		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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	VD
NAME	HUBBARD, RICK	1.2 NAME	Hubbard, Rick
STREET ADDRESS	2 BAY 9TH STREET	1.3 STREET ADDRESS	2 Bay 9th Street
CITY-ST-ZIP	WEST ISLIP NY	1.4 CITY-ST-ZIP	WEST ISLIP, NY 11795
TITLE	SD	2.1 TITLE	SD
NAME	HUBBARD, BARBARA	2.2 NAME	Hubbard, Barbara
STREET ADDRESS	2521 DOBBS ROAD 1	2.3 STREET ADDRESS	2521 Dobbs Road St 1
CITY-ST-ZIP	ST. AUGUSTINE FL	2.4 CITY-ST-ZIP	St. Augustine, FL 32086
TITLE	PDT	3.1 TITLE	POT
NAME	HUBBARD, ROBERT H	3.2 NAME	HUBBARD, ROBERT H
STREET ADDRESS	2521 DOBBS ROAD	3.3 STREET ADDRESS	2521 Dobbs Rd St. 1
CITY-ST-ZIP	ST. AUGUSTINE FL	3.4 CITY-ST-ZIP	St. Augustine, FL 32086
TITLE	PCM	4.1 TITLE	PCM
NAME	BENZENBERG, BARBARA L	4.2 NAME	Benzenberg, Barbara L.
STREET ADDRESS	PO BOX 721	4.3 STREET ADDRESS	P.O. Box 721
CITY-ST-ZIP	ST AUGUSTINE FL	4.4 CITY-ST-ZIP	St. Augustine FL. 32086 (N/A)
TITLE	VD	5.1 TITLE	VD
NAME	R. HUBBARD R G.	5.2 NAME	R. Hubbard R.G.
STREET ADDRESS	P. O. BOX 556	5.3 STREET ADDRESS	P.O. Box 556
CITY-ST-ZIP	BAYSHORE NY	5.4 CITY-ST-ZIP	BAYSHORE, NY 11706 (N/A)
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 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: *Barbara Hubbard* **Barbara Hubbard** 3-17-97 (904) 839-3336