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CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR 25 PM 2:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L35929** (3)

1. Corporation Name

HUBBARD'S AIR, INC.

Principal Place of Business

C/O DONALD HUBBARD
15838 SOUTHWEST 150TH STREET
INDIANTOWN FL 34956

Mailing Address

C/O DONALD HUBBARD
15838 SOUTHWEST 150TH STREET
INDIANTOWN FL 34956

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

12/13/1989

3a. Date of Last Report

04/20/1994

4. FEI Number

65-0159265

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 ☐ Yes ☐ No

2. Principal Place of Business

21 16664 SW Warfield

2a. Mailing Address

26 P.O. Box 1920

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Indiantown, FL

City & State

28 Indiantown, FL

Zip

24 34956

Country

25 Martin

Zip

29 34956

Country

30 Martin

9. Name and Address of Current Registered Agent

HUBBARD, DONALD
15838 SOUTHWEST 150TH STREET
INDIANTOWN FL 34956

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME HUBBARD, DONALD
STREET ADDRESS 15838 S.W. 150TH STREET
CITY-ST-ZIP INDIANTOWN FL

TITLE D
NAME HUBBARD, SALLY
STREET ADDRESS 15838 S.W. 150TH STREET
CITY-ST-ZIP INDIANTOWN FL

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 IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 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 110.07(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 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 changing, or in an addition thereto with an address.

SIGNATURE:

Donald Hubbard

Donald Hubbard

1/19/95

407-597-4181

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone (Area #)