FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **L35929** **(3)**

1. Corporation Name

HUBBARD'S AIR, INC.

Principal Place of Business	Mailing Address
16664 SW WARFIELD ~~15838 SOUTHWEST 150TH STREET~~ INDIANTOWN FL 34956 US	P O BOX 1920 ~~15838 SOUTHWEST 150TH STREET~~ INDIANTOWN FL 34956 US

3. Date Incorporated or Qualified: 12/13/1989
3a. Date of Last Report: 03/22/1995

2. Principal Place of Business
21: 16664 SW Warfield Blvd
22 Suite, Apt. #, etc:
23 City & State: Indiantown
24 Zip: 34956
25 Country: Martin

2a. Mailing Address
26: PO Box 1920
27 Suite, Apt. #, etc:
28 City & State: FL
29 Zip: 34956
30 Country: Martin

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

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: Donald Hubbard
82 Street Address (P.O. Box Number is Not Acceptable): 16300 SW Palomino Street
83
84 City: Indiantown **FL** 85 Zip Code: 34956

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 of typed or printed name of registered agent and title, if applicable) (If the Registered Agent is an entity, required authorized signature) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	President	☑ Change ☐ Addition
NAME	HUBBARD, DONALD		1.2 NAME	Hubbard, Donald	
STREET ADDRESS	~~15838 S.W. 150TH STREET~~		1.3 STREET ADDRESS	16300 SW Palomino Street	
CITY-ST-ZIP	INDIANTOWN FL		1.4 CITY-ST-ZIP	Indiantown FL 34956	
TITLE	D	☐ DELETE	2.1 TITLE	V. President / Sec / Treas.	☑ Change ☐ Addition
NAME	HUBBARD, SALLY		2.2 NAME	Hubbard, Sally	
STREET ADDRESS	~~15838 S.W. 150TH STREET~~		2.3 STREET ADDRESS	16300 SW Palomino Street	
CITY-ST-ZIP	INDIANTOWN FL		2.4 CITY-ST-ZIP	Indiantown, FL 34956	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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 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: Sally Hubbard 6/14/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #