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Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90030 024 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L35929

1. Corporation Name
HUBBARD'S AIR, INC.

Principal Place of Business

16664 SW WARFIELD BLVD
INDIANTOWN FL 34956
US

Mailing Address

PO BOX 1920
INDIANTOWN FL 34956
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/13/1989

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 3538 sw Armellini Ave

2a. Mailing Address

26 Same

Suite, Apt. #, etc.

22 Bay 2

Suite, Apt. #, etc.

27

City & State
23 Palm City, FL

City & State

28

Zip Country

24 34990 25 US

Zip Country

29 30

9. Name and Address of Current Registered Agent

HUBBARD, DONALD
16300 SW PALOMINO ST
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 ☐ DELETE

NAME
D HUBBARD, DONALD
STREET ADDRESS
16300 SW PALOMINO ST
CITY-ST-ZIP
INDIANTOWN FL

TITLE ☐ DELETE

NAME
D HUBBARD, SALLY
STREET ADDRESS
16300 SW PALOMINO ST
CITY-ST-ZIP
INDIANTOWN FL

TITLE ☐ DELETE

NAME
V HUBBARD, AUSTIN
STREET ADDRESS
16300 SW PALOMINO ST
CITY-ST-ZIP
INDIANTOWN FL 34956

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

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

☐ Change ☐ Addition

☐ Change ☐ Addition

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14. I 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, with all other like empowered.

SIGNATURE:

Sally Hubbard

Sally Hubbard

3/10/99

561-286-8777

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)