


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

FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90030 041 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L44085

1. Corporation Name

R. HUBER CONSTRUCTION CO.

Principal Place of Business

~~6751 PINE TERRACE~~
~~PLANTATION FL 33317~~
US

Mailing Address

~~3731 PINE TERRACE~~
~~PLANTATION FL 33317~~
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 334 N.W. 69 Ave.

Suite, Apt. #, etc.

22 #295

City & State

23 Plantation, FL

Zip

24 33317

Country

25 USA

2a. Mailing Address

26 334 N.W. 69 Ave.

Suite, Apt. #, etc.

27 #295

City & State

28 Plantation, FL

Zip

29 33317

Country

30 USA

3. Date Incorporated or Qualified

01/22/1990

4. FEI Number

65-0170316

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

9. Name and Address of Current Registered Agent

HUBER, TERRI K.
5751 PINE TERRACE
PLANTATION FL 33317

10. Name and Address of New Registered Agent

81 Name

Doris M. Huber

82 Street Address (P.O. Box Number is Not Acceptable)

334 N.W. 69 Avenue

83

#295

84 City

Plantation

FL

85 Zip Code

33317

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

Doris M. Huber

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

(NOTE: Registered Agent signature required when reinstating)

4-28-99

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HUBER, RYAN L	
STREET ADDRESS	5751 PINE TERRACE	
CITY-ST-ZIP	PLANTATION FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	HUBER, RYAN L	
STREET ADDRESS	5751 PINE TERRACE	
CITY-ST-ZIP	PLANTATION FL	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	HUBER, TERRI K.	
STREET ADDRESS	5751 PINE TERRACE	
CITY-ST-ZIP	PLANTATION FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Robert G. Huber	
1.3 STREET ADDRESS	334 NW 69 Ave.	
1.4 CITY-ST-ZIP	Plantation, FL 33317	
2.1 TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Robert G. Huber	
2.3 STREET ADDRESS	334 N.W. 69 Ave.	
2.4 CITY-ST-ZIP	Plantation, FL 33317	
3.1 TITLE	Secretary, Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Doris M. Huber	
3.3 STREET ADDRESS	334 NW 69 Ave.	
3.4 CITY-ST-ZIP	Plantation, FL 33317	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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:

Doris M. Huber
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-99

Date

Daytime Phone #

CR2E034 (1/1/98)