

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **L51943** (3)

1. Corporation Name

HUBBARD DEVELOPMENT COMPANY



Principal Place of Business

Mailing Address

% JACQUELINE C. HUBBARD
PO BOX 577 22137 C.R. 561
ASTATULA FL 34705
US

PO BOX 577
22137 COUNTY ROAD 561
ASTATULA FL 34705
US

3. Date Incorporated or Qualified
02/21/1990

3a. Date of Last Report
04/28/1995

4. FEI Number

59-2991906

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

2a. Mailing Address

21 **22137 C.R. 561**

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 **ASTATULA FL**

28 Zip

24 **34705** 25 **USA**

29 Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HUBBARD, JACQUELINE C.
22137 COUNTY ROAD 561
ASTATULA FL 34705**

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 of agent

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PS** ☐ DELETE
NAME **HUBBARD, STEVE**
STREET ADDRESS **95 THOROUGHbred LANE**
CITY-ST-ZIP **MONTVERDE FL**

TITLE **V** ☐ DELETE
NAME **HUBBARD, WILLIAM C., II**
STREET ADDRESS **136 BUNKER LANE**
CITY-ST-ZIP **SANFORD FL**

TITLE **T** ☐ DELETE
NAME **HUBBARD, JACQUELINE C.**
STREET ADDRESS **22137 CO RD 561**
CITY-ST-ZIP **ASTATULA FL**

TITLE **V** ☒ DELETE
NAME **MCKINLEY, BRENT**
STREET ADDRESS **RT 2, BOX 1640**
CITY-ST-ZIP **PALATKA FL**

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 ☐ Change ☒ Addition
1.2 NAME **BARRY N. TULLY**
1.3 STREET ADDRESS **5115 MEDORAS**
1.4 CITY-ST-ZIP **ST. AUGUSTINE FL 32084**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
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 119.07(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 changed, or on an attachment with an address.

SIGNATURE:

Jacqueline C. Hubbard **JACQUELINE C. Hubbard** 4/12/96 352-344-7485
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Typed Name)

CR2E034 (12/95)