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FILED  
Apr 27 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L51943** (3)  
1. Corporation Name  
**HUBBARD DEVELOPMENT COMPANY**

Principal Place of Business <b>% JACQUELINE C. HUBBARD 22137 C.R. 561 ASTATULA FL 34705 US</b>	Mailing Address <b>PO BOX 577 22137 COUNTY ROAD 561 ASTATULA FL 34705 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>02/21/1990</b>	
21 Suite, Apt. #, etc.	22 City & State	26 PO Box 560179	27 Suite, Apt. #, etc.	4. FEI Number <b>59-2991906</b>	Applied For Not Applicable
23 Zip	25 Country	28 Montverde FL	29 Zip	30 Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
24	25	29 34756	30 USA	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
9. Name and Address of Current Registered Agent <b>HUBBARD, JACQUELINE C. 22137 COUNTY ROAD 561 ASTATULA FL 34705</b>				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PS	1.1 TITLE	V
NAME	HUBBARD, STEVE	1.2 NAME	Katherine E. Hubbard
STREET ADDRESS	15135 THOROUGHbred LANE	1.3 STREET ADDRESS	15135 Thoroughbred Lane
CITY-ST-ZIP	MONTVERDE FL	1.4 CITY-ST-ZIP	Montverde, FL 34756
TITLE	V	2.1 TITLE	
NAME	HUBBARD, WILLIAM C., II	2.2 NAME	
STREET ADDRESS	2270 RIDGE AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	CLERMONT FL	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	
NAME	HUBBARD, JACQUELINE C.	3.2 NAME	
STREET ADDRESS	22137 CO RD 561	3.3 STREET ADDRESS	
CITY-ST-ZIP	ASTATULA FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 affidavit.

SIGNATURE: *Steven P. Hubbard* Steven P. Hubbard 4-20-98 352-394-7485

CR2E034 (10/97)