

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90070 031 ***150.00

DOCUMENT # L81544

1. Corporation Name

HUBBARD AND ASSOCIATES, INC.

Principal Place of Business

**120 E. STATE ST.
SUITE 103
OLDSMAR FL 34677**

Mailing Address

**120 E. STATE ST.
SUITE 103
OLDSMAR FL 34677**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/19/1990

4. FEI Number

59-3016208

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$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 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

**SMITHERS, JOHN KELLY
120 EAST STATE STREET
STE. 103
OLDSMAR FL 34677**

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

☐ DELETE

P
NAME **HUBBARD, PAUL**
STREET ADDRESS **12 RUE LACOUR**
CITY-ST-ZIP **CANNES FRANCE 06400**

VST
NAME **HUBBARD, MARCELINE**
STREET ADDRESS **12 RUE LACOUR**
CITY-ST-ZIP **CANNES FRANCE 06400**

D
NAME **HUBBARD, LARA**
STREET ADDRESS **12 RUE LACOUR**
CITY-ST-ZIP **CANNES FR**

☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

P
NAME **HUBBARD, PAUL**
1.2 NAME
1.3 STREET ADDRESS **10 ROUTE DES DOUX AMANTS, LE PLESSIS,**
FR 91400 SOUS. LET MONTY, FRANCE
1.4 CITY-ST-ZIP

VST
NAME **HUBBARD, MARCELINE**
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS **10 ROUTE DES DOUX AMANTS, LES**
PLESSIS, 27380, FR 91400 SOUS. LES MONTY, FRANCE
2.4 CITY-ST-ZIP

D
NAME **HUBBARD, LARA**
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS **10 ROUTE DES DOUX AMANTS, LES**
PLESSIS, 27380, FR 91400 SOUS. LES MONTY, FRANCE
3.4 CITY-ST-ZIP

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

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

☐ Change ☐ Addition
6.1 TITLE
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:

PAUL HUBBARD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)