

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 # P93000040465 (5)

1. Corporation Name

HUBB'S PUB - CAROLWOOD, INC.



Principal Place of Business

Mailing Address

1535 NORTH COGSWELL STREET
STE. A-3
ROCKLEDGE FL 32955

1535 NORTH COGSWELL STREET
STE. A-3
ROCKLEDGE FL 32955

3. Date Incorporated or Qualified
06/03/1993

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

UNGAR, DAVID
1535 NORTH COGSWELL STREET
STE. A-3
ROCKLEDGE FL 32955

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 607.0506, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent or trustee (if applicable)

Signature typed or printed name of new registered agent (if applicable)

DATE

12. OFFICERS AND DIRECTORS

TITLE D TREASURER
NAME UNGAR, DAVID
STREET ADDRESS 1535 NORTH COGSWELL STREET STE. A-3
CITY-ST-ZIP ROCKLEDGE FL 32955

TITLE PRESIDENT
NAME FRANCES UNGAR
STREET ADDRESS 1535 N. Cogswell Street Ste A-3
CITY-ST-ZIP Rockledge, FL 32955

TITLE V.P.
NAME William Connell
STREET ADDRESS 1535 N. Cogswell Street Ste A-3
CITY-ST-ZIP Rockledge, FL 32955

TITLE Secretary
NAME Jody UNGAR
STREET ADDRESS 1535 N. Cogswell St. Ste. A-3
CITY-ST-ZIP Rockledge, FL 32955

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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

500001850745
-06/04/96--01154--026
***200.00

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Signature Printed Name

CR2E034 (12/95)