Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90167 020 ***150.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secre ary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000002328

HUB NEC	ON & SIGNS,INC.					
Principal Flace	e of Business	Mailing Address			- I INDENIANT WAS TASKE BURKE BAKKE ANKLU NORTH	adire until tinke etres (ilie) ider inet
6545 125TH AVENUE NORTH LARGO FL 33773 US		6990 49TH ST N SUITE C PINELLAS PARK FL 34665			DO NOT WRITE IN	THIS SPACE
••					3. Date Incorporated or Qualifed 01/03/1994	
2. Principal Place of Business		2a. Mailing Address	MAV	e N	4. FEI Number 59-3222725	Applied For Not Applicable
Suite, / pt. #, etc.		Suite, Apt. #, etc.	<u>⊢</u> , • ·		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State 28 A 60 F	28 LAKGO FL		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country 25	^{Zip} 33723 [3	Country 30 ///	ellas	This corporation owes the current years on all Property Tax.	☐ Yes ☐ No
	9. Name and Address of Curre	ent Registered Agent	81	Name	10. Name and Address of New Regist	tered Agent
OWENS, JONATHAN G			82		ess (P.O. Bo Number is Not Acceptable)	
	GLEN COVE CT ARWATER FL 34624		83			
			84	City		F'L 85 Zip Code
office or reagent. La	to the provisions of Sactions 607.08 egistered agent, or both, in the Stat m familiar with, and accept the obliging signature, typed or printed name of registered as	le of Florida. Such change was au gations of, Section 607.0505, F ori	thorized by da Statutes	the corporatio	oration subm ts this statement for the purpoin's board of directors. I hereby accept the	ose of changing its registered appointment as registered
12,	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTORS IN 12
TITLE	P	☐ DELETE	1.1 TITLE			Change Addition
NAME	OWENS, JONATHAN G		1.2 NAME			
STREET ADDRESS	2097 GLEN COVE CT		1.3 STREET ADDRESS			
CITY-ST-ZIP	CLEARWATER FL		1.4 CITY-ST-ZIP			
TITLE		☐ DELETE	2.1 TITLE			Change Addition
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREE	1		
CITY-ST-ZIP		☐ DELETE	2.4 CITY-ST-ZIP			Change Addition
TITLE		□ DETE IE	3.1 TITLE 3.2 NAME			C susua
NAME				TANNOESS		
STREET ADDRESS			3.3 STREET ADDRESS 3.4. CITY-ST-ZIP			
CITY-ST-ZIP		☐ DELETE	4.1 TITLE			Change Addition
NAME			4. 2 NAME			
STREET ADDRESS:			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		☐ DELETE	51 TITLE			Change Addition
NAME			5.2 NAME			
STREET ADDRÉSS			5.3 STREE	TADDRESS		
CITY-ST-ZIP			5.4 CITY- 9	T-ZIP		
TITLE		☐ OELETE	6.1 TITLE			Change Addition
NAME			6.2 NAME			
PEDEET ADDOLGO			63 STREE	TADDRESS		

14. I herety 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 changes, or on an attack meet with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

HO TYPED OR PRINTED NAME OF SIGNING OFFICER OR