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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000058328 (3)

HUBBELL BOEING DEVELOPMENT CORPORATION

FILED May 04 1998 8:00am Secretary of State



Principal Place of Business				Mailing Addresse				I FOURHOURD FOR MOTHER OF		U U	
				Mailing Address							
FORT MYERS FL 33908				995 JACKSON PIKE GALLIPOLIS OH 45631							
									NOT WRITE IN	THIS SPACE	
								3. Date incorporated 08/08/1994	or Qualified		
2. Principal F	⊢	2a. Mailing Address				4. FEI Number			Applied For		
21 5390 Suite, Apt	Pork	Αλ		Suite Apl # etc				65-0570223			Not Applicable
22 4 1	2_		27	luite, Apl. #, etc	j.			5. Certificate of Status	s Desired [75 Additional e Required
23 Fort Ayers Florida			···	City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip		Country		'ip	Cr	ountry	,	8. This corporation ov		=	
24 3396	or	25 Lee	29		30	•		Personal Property			No
		and Address of Curre		red Agent		Τ		10. Name and Addres			
JO	RGESE, JO	RGE				81	Name			·· · · · · · · · · · · · · · · · · · ·	
	90 Park R	D				82	Street Ado	dress (P.O. Box Number is I	Vot Acceptable		
	IIT #2			oz Sileet Adi			Olicet Add				
F0	ORT MYERS	FL 33908									
						84	City			FL 85	Zip Code
41 Pursuant	to lhe provie	ione of Sachous 607.056	72 and 607	1609 Llorida C	tatulas the	2001	a named see	poration submits this stater			
I Diffice or	regustereg ac	ient, or both, in the State	- ot Florida -	Such change :	was authoriz	ad hi	the comors	poration submits this stater stron's board of directors. I	nent for the purp hereby accept to	oose of change ne appointmen	ng its registered t as registored
agent. I a	am fam iliar w	th, and accept the oblig	jations of, S	Section 607.050	5, Florida St	atute	S		, ,	••	ŭ
SIGNATURE	Stonature typical	or presed name of registered ag	ent and little d ar	r plicable	(NC)IF: Registe	ed Aor	oni signiziure recu	red when reinstaling)		DATÉ.	
12.		OFFICERS AN			13		an agranative requ	ADDITIONS/CHANG			TORS IN 12
TITLE	PST			DELET		TITLE			2010 0111021	☐ Char	
NAME	SMITH,	DAVID K			1.2	NAME					_
STREET ADDRESS	995 JAC	KSON PIKE, SUITE 1	101		1.3	STREET	ADDRESS				
CITY-ST-ZIP	GALLIPO	DUS OH 45631			1.4	CITY-S	T- ZIP				
TITLE	VD			☐ DELET		THILE				☐ Char	ige 🔲 Addition
NAME		isen, Jorgen			2.2	NAME	}				
STREET ADDRESS	539 0 PA				2.3	STREET	ADDRESS				
CITY-ST-ZIP	FT MYE	RS FL			2.4	CITY-S	ST-ZIP				
TITLE				DILETE	3.1	TITLE				Char	ge 🔲 Addition
NAME					3.2	NAME	İ				
STREET ADDRESS					3.3	STREET	ADDRESS				
CITY-ST-ZIP	ļ <u></u>			· · · · · · · · · · · · · · · · · · ·		CiTY-S	ST - 71P	·			
TITLE				☐ DELETE		TITLE				Char	ge 🔲 Addition
NAME						NAME					
STREET ADDRESS							ADDRESS				
CITY-ST-ZIP				DOLETE		CITY - S	T-ZIP		•	— <u>— </u>	· · · · · · · · · · · · · · · · · · ·
TITLE				☐ DELETE						L Char	ge L. Addition
NAME						NAME					
STREET ADDRESS							ADDRESS				
CITY-ST-ZIP				Delege		CITY-S	T - ZIP				
TITLE				☐ DELETE						Chan	ge 🔲 Addition
NAME	i				■ 601						
STREET ADDRESS					1	NAME					
					1		ADDRESS				
CITY-ST-ZIP	over the second		565 615 1177 7		6.3 S 6.4 C	STREET SITY-S	r-ziP	Section 110 07(0V) Class			

Indicated on this amual report or supplied with this tiling does not quality for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this amual report or suppliemental 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