**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # **P94000058328**

1. Corporation Name

**HUBBELL BOEING DEVELOPMENT CORPORATION** 

	,									
Principal Place	of Business	Ma	iling Address					- 4 106/106/ 118 (81% 610)) 06/14 08/14 08/11 08/1		SIIM EIMMS IMII SOME
5390 PARK RD 995 JACKSON PIKE										
UNIT 2 GALLIPOLIS OH 45631									<b></b>	
FORT MYERS FL 33906								DO NOT WRITE IN THI	S SPACE	
US								3. Date Incorporated or Qualifed		
								08/08/1994	<del></del>	1
2. Principal Pl	lace of Business	H	Mailing Address					4. FEI Number	$\vdash$	Applied For
21		26						65-0570223		Not Applicable  5 Additional
Suite, Apt. #, etc.								5. Certifcate of Status Desired		Required
22 27 City & State										00 May Be
	e——	$\vdash$	City & State					6. Election Campaign Financing Trust Fund Contribution		ed to Fees
Zip	Country	28	Zip	Cor	ntry			8. This corporation owes the current year li		
— ·	[25]	29	E-P	30	,			Personal Property Tax.	Yes	MNo
24	9. Name and Address of Curren		tered Agent	30	$\Box$			10. Name and Address of New Registered	Agent	<del>-/-\</del>
	3. Hallie alle receives of contain	. ricgio			81	Name				
JOR	GESE, JORGE					4				
5390 PARK RD					82	Street	Addre	ss (P.O. Box Number is Not Acceptable)		
ÜNN	「 <b>#</b> 2				83				<del></del>	
FOR	T MYERS FL 33908									
	•				84	City		F	85   Z	ip Code
44 Purcuant	to the provisions of Sections 607.050	2 and 60	7 1508 Florida Statu	ites the a	L	-named	como	ration submits this statement for the purpose of	f changing	its registered
office or n	egistered agent, or both, in the State (	of Florid	<ul> <li>a. Such change was</li> </ul>	authorize	j by	the corp	oration	n's board of directors. I hereby accept the app	ointment as	registered
agent. I a	m familiar with, and accept the obligat	ions of,	Section 607.0505, FI	orida Stat	utes	•		4.	-100	İ
SIGNATURE	Signature, typed or printed name of registered agen	t and title if	Landinghia (NOT	F: Renisterer	Ager	t signature	required :	when reinstating) DATE	7	
12.	OFFICERS AN			13.		•		ADDITIONS/CHANGES TO OFFICERS A	ND DIREC	TORS IN 12
TITLE	PST		☐ DELETE	1.1 T	TLE		T		Chang	
NAME	SMITH, DAVID K			1.2 N	AME					
STREET ADDRESS	995 JACKSON PIKE, SUITE 10	1		1.3 S	IREE1	ADDRESS				
CITY-ST-ZIP	GALLIPOLIS OH 45631			140	TY-S	Γ-ZIP				ļ
TITLE	VD		☐ DELETE	2.1 T	_				☐ Chan	ge 🔲 Addition
NAME	JORGENSEN, JORGEN			2.2 N	AME					Ì
STREET ADDRESS	5390 PARK RD			2.3 8	TREE1	ADDRESS				
CITY-ST-ZIP	FT MYERS FL			1		T-ZIP	1			\
TITLE	TO STATE OF THE ST	-	□ DELETE	3.1 T			<del> </del>		Chan	ge [ 'Addition
NAME				3.2 N						
STREET ADDRESS				R .		ADDRESS				ļ
CITY-ST-ZIP						T-ZIP				1
TITLE	-		☐ DELETE	4.1 T		. =	1		☐ Chan	ge Addition
NAME				4.21						
STREET ADDRESS						ADDRESS				
CITY-ST-ZIP					TY-S					
TITLE			☐ DELETE	5.1 T		. 48	1		☐ Chan	ge Addition
				5.1 1					_	
NAME						ADDRESS	1			
STREET ADDRESS						T-ZIP				
CITY-ST-ZIP			DELETE	6.1 T			<b>†</b>		Chan	ge
	•						1			ì
NAME				0.∠ N	AME		1			ı

CITY-ST-ZIP 14. 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.

6.4 CITY-ST-ZIP

**SIGNATURE:** 

STREET ADDRESS

740-446-3191

Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90108 047 \*\*\*150.00