

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P94000084607 (8)

1. Corporation Name

CHIP HUBER, INC.



Principal Place of Business

4320 GYPSY ST.  
SUITE A-4  
SARASOTA FL 34233  
US

Mailing Address

3629 JAFFA DR  
SARASOTA FL 34239-6316

3. Date Incorporated or Qualified  
11/17/1994

3a. Date of Last Report  
04/28/1995

4. FEI Number

65-0537759

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 2123 Porter Lake Dr

26 2123 Porter Lake Dr

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 Unit A

28 Unit A

City & State

City & State

24 Sarasota FL

29 Sarasota FL

Zip

Country

Zip

Country

25 34240-5653

30 24240-5653

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VOLZ, VIRGINIA C  
400 GOLDEN GATE POINT  
SUITE 11  
SARASOTA FL 34236

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

TITLE P ☐ DELETE

NAME VOLZ, VIRGINIA C.  
STREET ADDRESS 400 GOLDEN GATE PT #1  
CITY-ST-ZIP SARASOTA FL

TITLE VPT ☒ DELETE

NAME HUBER, CHARLES H  
STREET ADDRESS 3629 JAFFA DR.  
CITY-ST-ZIP SARASOTA FL

TITLE VPS ☐ DELETE

NAME HUBER, VICKI  
STREET ADDRESS 3629 JAFFA DRIVE  
CITY-ST-ZIP SARASOTA FL

TITLE Pres. ☐ DELETE

NAME Donald C Volz  
STREET ADDRESS 400 Golden Gate Pt #1  
CITY-ST-ZIP Sarasota FL 34236

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

Vicki Huber Vicki Huber

4-16-96

941-378-5653

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)