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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000004761 (9)**

1. Corporation Name

LANE, HUBBARD & ASSOCIATES FINANCIAL SERVICES, INC.

Principal Place of Business	Mailing Address
3641 WILDERNESS BLVD. WEST PARRISH FL 34219	P.O. BOX 418 ELLENTON FL 34222

3. Date Incorporated or Qualified: 01/19/1995
3a. Date of Last Report: 12/29/95

2. Principal Place of Business	2a. Mailing Address
21 7036 US Highway 301 N	26 7036 US Highway 301 N.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Ellenton Fl	City & State 28 Ellenton FL
Zip 24 34222 Country 25 Manatee	Zip 29 34222 Country 30 Manatee

4. FEI Number: 65-0553937 ☐ 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

9. Name and Address of Current Registered Agent

LANE, BRUCE R
3641 WILDERNESS BLVD. WEST
PARRISH FL 34219

10. Name and Address of New Registered Agent

81 Name: A. Elizabeth LANE
82 Street Address (P.O. Box Number is Not Acceptable): 7036 US Highway 301 N.
83
84 City: Ellenton FL 85 Zip Code: 34222

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: A. Elizabeth Lane ✓ A. Elizabeth Lane DATE: 2/1/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LANE, BRUCE R 3641 WILDERNESS BLVD. WEST PARRISH FL 34219	☑ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	President A. Elizabeth Lane 7036 US Highway 301 N. Ellenton FL 34222	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	Secretary Treasurer Patricia F. Hubbard 7036 US Highway 301 N. Ellenton FL 34222	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (12/95)

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: Patricia F. Hubbard 2/1/96 941-723-0101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #