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

PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # P95000029538

1. Corporation Name

Sharon B. Hubbert, Inc.

Principal	Place	Ωf	Business

SIGNATURE:

Mailing Address

14815 N. Florida Ave. Tampa, FL 33613

Same

										04-01-95		04-	OT-82)	
2.	Principal Place	e of Busine	ess		2a. Mailing Address				4. FEI Number			TIT	Applied For	7	
21					26	26				59~3304472				Not Applicable	7
Г	Suite, Apt. #,	etc.			1	Suite, Apt. #, etc.				. ,		\$8.75	Additional	7	
22					27					5. Certificate of Status De	esired			Required	
	City & State				City & State				6. Election Campaign Fin	ancing		\$5.0	O May Be	1	
23					28	· · · · · · · · · · · · · · · · · · ·				Trust Fund Contribution	~			d to Fees	
	Zφ			Country		Zip	Cou	intry	•	This corporation has liability for intangible tax under					┥
24			25	,	29	- ,-	30	,		Florida Statutes	Yes		x unour o	100.002,	
<u> </u> ==		9. Name and Address of Current Registered Agent						Γ		10. Name and Address of New Registered Agent					
						· · · · · · · · · · · · · · · · · · ·		81	Name						1
	Sha	aron B	. I	lubbert											J
				lorida Avenu	10			82	82 Street Address (P.O. Box Number is Not Acceptable)						
				33613				83	20						
	7.00	ipa, r		55015				63	5						
								84	City				85 Zi	p Code	┪
L_												FL			
1.	 Pursuant to to or registered 	the provision	ons o	f Sections 607.0502 a	and 60	7.1508, Florida Statutes	the abo	งค-ก	amed corporat	tion submits this statement for directors. I hereby accep	or the purpo	ose of cha	nging its i	registered office	;]
	familiar with,	and accep	ot the	obligations of, Section	n 607	.0505, Florida Statutes.	Juyunet	oupc	JIANON'S DOAIG	ror directors, rifleredy accep	стве арроп	itineni as	registered	agent. Fam	
ا د	GNATURE			•											
L	Sig	nature, typod	or print	ed name of registered agent ar	o tite 1	applicable (NOTE	Agent	l signature required v	when reinstating)		DATE			16	
12	2.			OFFICERS AND	DIREC	CTORS	13.			ADDITIONS/CHANGES	TO OFFIC	ERS AND	DIRECTO	ORS IN 12] <u></u>
Till	ilF ,	DP				□ DELETE	1.1T	ITLE					Change	Addition	CR2E034 (12/95)
N4	ME Sharon B. Humphreys				3		1.2 NAM		İ						
STREET ADDRESS 1521 W. Meadowbrook						1.3 \$1								IX	
CF	TY-ST-ZIP	Tampa, FL 33613							r - Z IP						띯
	LF	DV	ه	<u></u>		DELETE	2 1 T					7	Change	Addition	∣Ե
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ST				Meadowbrook					ADDRESS						
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NAME				6.2 N/	AME				Y	~\\	_				
STHEET ADDRESS				1		ADDRESS			,	ال		1			
l	C-TY-ST-ZIP 64C														
	I do hereby o	pertify that	the in	formation supplied wi	th this	filing is voluntarily furnis	hed and	does	not qualify for	the exemption stated in Sec	tion 119.07	(3)(k). Flo	rida Statu	tes. I further	┨
l	certify that th	ne informat	ion in	dicated on this annua	l reco	rt or supplemental annua	al report i	s true	e and accurate	and that my signature shall	have the sa	me leoal	effect as i	f made under	
	appears in B	lock 12 or	Bloc	changed, or on	an at	lagnment with an addres	enpowei Sar	180 K	execute this:	report as required by Chapte	ar o∪r, rion	ua Statute	s, and th	at my name	

3. Date Incorporated or Qualified 3a. Date of Last Report

Daytime Phone ≠