

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **S28790** (1)
1. Corporation Name
GEORGE HUBARTT INSURANCE AGENCY, INC.

Principal Place of Business Mailing Address
1520 10TH AVENUE NORTH **1520 10TH AVENUE NORTH**
LAKE WORTH FL 33460 **LAKE WORTH FL 33460**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/30/1991

4. FEI Number

65-0242838

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 **6582 HYPOLUXO ROAD**

2a. Mailing Address

26 **6582 HYPOLUXO ROAD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 **LAKE WORTH**

City & State

28 **LAKE WORTH**

Zip

24 **33408**

Country

25 **PALESTINE**

Zip

29 **33408**

Country

30 **PALESTINE**

9. Name and Address of Current Registered Agent

HUBARTT, GEORGE
1520 10TH AVENUE NORTH
LAKE WORTH FL 33460

10. Name and Address of New Registered Agent

81 Name **GEORGE HUBARTT**

82 Street Address (P.O. Box Number is Not Acceptable)

6582 HYPOLUXO ROAD

83

84 City **LAKE WORTH**

FL

85 Zip Code
33408

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 **GEORGE HUBARTT**

7/20/98

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 **D** ☐ DELETE
NAME **HUBARTT, GEORGE**
STREET ADDRESS **6582 HYPOLUXO RD**
1520 10TH AVENUE NORTH
CITY-ST-ZIP **LAKE WORTH FL 33408**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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.

SIGNATURE:

GEORGE HUBARTT 7/20/98 54-776-6

CR2E034 (5/98)