FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 26 PM 3:22

DOCUMENT # V13100 (5)

1. Corporation Name
HUBBART CONSULTING INC.

Principal Place of Business	Mailing Address
P. O. BOX 17277 WEST PALM BEACH FL 33416-7277	P. O. BOX 17277 WEST PALM BEACH FL 33416-7277

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/11/1992
3a. Date of Last Report: 01/21/1994

2. Principal Place of Business — 21
2a. Mailing Address — 20
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: 65-0311821 ☐ 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

HUBBART, PAMELA K.
8064C ANDOVER COURT correct to
WEST PALM BEACH FL 33406

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable) 8164C ANDOVER CT
03
04 City FL 05 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 _____ DATE
(Signature, typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPST	1.1 TITLE	☑ Change ☐ Addition
NAME	HUBBART, PAMELA K.	1.2 NAME	DPST HUBBART, PAMELA K
STREET ADDRESS	8064C ANDOVER CT	1.3 STREET ADDRESS	8164C ANDOVER CT
CITY-ST-ZIP	WEST PALM BEACH FL	1.4 CITY-ST-ZIP	CORRECT
TITLE	D	2.1 TITLE	☑ Change ☐ Addition
NAME	CHASE, JEAN A.	2.2 NAME	D CHASE, JEAN A.
STREET ADDRESS	1188 FERNLEA DR	2.3 STREET ADDRESS	13252 TANGERINE BLVD
CITY-ST-ZIP	WEST PALM BEACH FL	2.4 CITY-ST-ZIP	WEST PALM BCH, FLA 33412
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	HUBBART, LORI	3.2 NAME	
STREET ADDRESS	2301 LANDING BLVD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BECH FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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)(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: Pamela Hubbart 1-16-95 407-964-4005
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0438180 FP