

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # V50571

(1)

1. Corporation Name
CUBE, INC.



Principal Place of Business
206 EAST LAKE AVENUE
AUBURDALE FL 33823

Mailing Address
206 EAST LAKE AVENUE
AUBURDALE FL 33823

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

HILLIARD, CHARLIE
1469 10TH CT NE
WINTER HAVEN FL 33882

3. Date Incorporated or Qualified
07/14/1992

3a. Date of Last Report
08/11/1995

4. FFI Number
59-3132232

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

10. Name and Address of New Registered Agent

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 607.0402 and 607.1509, 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0503, Florida Statutes.

SIGNATURE

Charlie Hilliard

4/26/96

Signature of person authorized to change registered office or agent (Print Name)

12. OFFICERS AND DIRECTORS

12.1 TITLE PT
NAME HILLIARD, CHARLIE
STREET ADDRESS 206 EAST LAKE AVE.
CITY-STATE-ZIP AUBURDALE FL

12.2 TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

12.3 TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

12.4 TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

12.5 TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

12.6 TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

12.7 TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE ☐ Change ☐ Addition

13.2 NAME

13.3 STREET ADDRESS

13.4 CITY-STATE-ZIP

13.5 TITLE ☐ Change ☐ Addition

13.6 NAME

13.7 STREET ADDRESS

13.8 CITY-STATE-ZIP

13.9 TITLE ☐ Change ☐ Addition

13.10 NAME

13.11 STREET ADDRESS

13.12 CITY-STATE-ZIP

13.13 TITLE ☐ Change ☐ Addition

13.14 NAME

13.15 STREET ADDRESS

13.16 CITY-STATE-ZIP

13.17 TITLE ☐ Change ☐ Addition

13.18 NAME

13.19 STREET ADDRESS

13.20 CITY-STATE-ZIP

13.21 TITLE ☐ Change ☐ Addition

13.22 NAME

13.23 STREET ADDRESS

13.24 CITY-STATE-ZIP

13.25 TITLE ☐ Change ☐ Addition

13.26 NAME

13.27 STREET ADDRESS

13.28 CITY-STATE-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)(g), 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 business empowere 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: Charlie Hilliard

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/96 (94) 965-2521

DATE TELEPHONE

CR2E034 (12/95)