

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **741479** (0)

1. Corporation Name
HOBIE FLEET FIVE, INC.



Principal Place of Business

**307 BELLE CHASE CIR.
TAMPA FL 33634-6264
US**

Mailing Address

**307 BELLE CHASE CIR.
TAMPA FL 33634-6264
US**

3. Date Incorporated or Qualified
01/30/1978

3a. Date of Last Report
02/10/1995

2. Principal Place of Business

21 **4949 MARBRISA DR**

2a. Mailing Address

26 **4949 MARBRISA DR**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **208**

27 **208**

City & State

City & State

23 **TAMPA, FL**

28 **TAMPA, FL**

Zip

Country

Zip

Country

24 **33624-6300** 25 **USA**

29 **33624-6300** 30 **USA**

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

10. Name and Address of New Registered Agent

**TUTCHER, CHRISTINE M.
307 BELLE CHASE CIRCLE
TAMPA FL 33634**

81 Name

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

4949 MARBRISA DR #208

83

84 City

TAMPA

FL

85 Zip Code
33624-6300

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0508, Florida Statutes.

SIGNATURE

Christine M. Tutcher

(NOTE: Registered Agent signature required when reinstating)

2/26/96

12. OFFICERS AND DIRECTORS

TITLE **PD** ☒ DELETE
NAME **STEVENSON, RUSS**
STREET ADDRESS **6860 GULFPORT BLVD., SO., #156**
CITY-ST-ZIP **ST. PETERSBURG FL**

TITLE **TD** ☐ DELETE
NAME **TUTCHER, CHRISTINE M.**
STREET ADDRESS **307 BELLE CHASE CIRCLE**
CITY-ST-ZIP **TAMPA FL**

TITLE **SD** ☐ DELETE
NAME **HOOPES, JOHN**
STREET ADDRESS **1013 WOODSIDE AVE.**
CITY-ST-ZIP **CLEARWATER FL**

TITLE **VD** ☐ DELETE
NAME **SCOGGINS, MARSHA**
STREET ADDRESS **16860 US HWY 19 N LOT 247**
CITY-ST-ZIP **CLEARWATER FL**

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 **PD** ☐ Change ☒ Addition
1.2 NAME **WAYNE ROBINSON**
1.3 STREET ADDRESS **8931 ORANGE OAK CIR**
1.4 CITY-ST-ZIP **TAMPA, FL 33637**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS **4949 MARBRISA DR. #208**
2.4 CITY-ST-ZIP **TAMPA, FL 33624-6300**

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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Christine M. Tutcher* **CHRISTINE M. TUTCHER** **2/26/96** **813-882-1368**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)