


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.26 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Aug 19 1997 8:00am
 Secretary of State

| | | |
|---|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | 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 4949 MARBRISA DRIVE #208 TAMPA FL 33624-6300 US | Mailing Address 4949 MARBRISA DRIVE #208 TAMPA FL 33624-6300 US |
|---|---|

DO NOT WRITE IN THIS SPACE

| | |
|--|--|
| 3. Date Incorporated or Qualified 01/30/1978 | 3a. Date of Last Report 03/06/1996 |
|--|--|

| | |
|---|--|
| 2. Principal Place of Business 21 901 BELLE CHASE CIR | 2a. Mailing Address 26 901 BELLE CHASE CIR |
| 22 Suite, Apt. #, etc. | 27 Suite, Apt. #, etc. |
| 23 City & State TAMPA FL | 28 City & State TAMPA FL |
| 24 Zip 33634-6280 | 25 Country USA |
| 29 Zip 33634-6280 | 30 Country USA |

| | |
|--|--|
| 4. FEI Number 59-2893192 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

g. Name and Address of Current Registered Agent

TUTCHER, CHRISTINE M.
4949 MARBRISA DRIVE
#208
TAMPA FL 33624

10. Name and Address of New Registered Agent

| |
|---|
| 81 Name CHRISTINE M. TUTCHER |
| 82 Street Address (P.O. Box Number is Not Acceptable) 901 BELLE CHASE CIR |
| 83 City TAMPA |
| 84 State FL |
| 85 Zip Code 33634-6280 |

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 I accept the obligations of Section 617.0503, Florida Statutes.

SIGNATURE *Christine M. Tutcher* DATE **8/14/97**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

| | | |
|---|-------------------------------|--|
| TITLE PD | NAME ROBINSON, WAYNE | <input type="checkbox"/> DELETE |
| STREET ADDRESS 8931 ORANGE OAK CIRCLE | CITY-ST-ZIP TAMPA FL | |
| TITLE TD | NAME TUTCHER, CHRISTINE M. | <input type="checkbox"/> DELETE |
| STREET ADDRESS 4949 MARBRISA DRIVE #208 | CITY-ST-ZIP TAMPA FL | |
| TITLE SD | NAME HOOPES, JOHN | <input type="checkbox"/> DELETE |
| STREET ADDRESS 1013 WOODSIDE AVE. | CITY-ST-ZIP CLEARWATER FL | |
| TITLE VD | NAME SCOGGINS, MARSHA | <input checked="" type="checkbox"/> DELETE |
| STREET ADDRESS 18880 US HWY 19 N LOT 247 | CITY-ST-ZIP CLEARWATER FL | |
| TITLE | NAME | <input type="checkbox"/> DELETE |
| STREET ADDRESS | CITY-ST-ZIP | |
| TITLE | NAME | <input type="checkbox"/> DELETE |
| STREET ADDRESS | CITY-ST-ZIP | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--|---|--|
| 1.1 TITLE PD | 1.2 NAME CHRISTOPHER COOPER | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.3 STREET ADDRESS 404 PATRICIA AVE | 1.4 CITY-ST-ZIP CLEARWATER FL 34625 | |
| 2.1 TITLE TD | 2.2 NAME CHRISTINE M. TUTCHER | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.3 STREET ADDRESS 901 BELLE CHASE CIR | 2.4 CITY-ST-ZIP TAMPA, FL 33634-6280 | |
| 3.1 TITLE SD | 3.2 NAME JOHN HOOPES | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.3 STREET ADDRESS 306A AVERY AVE/P.O. BOX 1065 | 3.4 CITY-ST-ZIP CRYSTAL BEACH FL 34681 | |
| 4.1 TITLE | 4.2 NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.3 STREET ADDRESS | 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | 5.2 NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.3 STREET ADDRESS | 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | 6.2 NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.3 STREET ADDRESS | 6.4 CITY-ST-ZIP | |

14. I do 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 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* DATE **8/14/97** **813-882-1368**

CF2E037 (4/97)