FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **493834** **(6)**

1. Corporation Name

HOBBY HILL, INC.

Principal Place of Business

541 RIDGEWOOD DRIVE NORTH
SEBRING FL 33870

Mailing Address

541 RIDGEWOOD DRIVE NORTH
SEBRING FL 33870

3. Date Incorporated or Qualified: **01/16/1976**

3a. Date of Last Report: **01/30/1995**

4. FEI Number: **59-1650605** ☐ 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

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

ABLES, CLIFFORD M. III
130 E. CENTER STREET
SEBRING FL 33870

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 607.0505 and 607.1504, 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 _____

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	PAEDAE, W. D.	
STREET ADDRESS	618 S. EUCALYPTUS	
CITY-ST-ZIP	SEBRING FL	
TITLE	V	☐ DELETE
NAME	PAEDAE, LADONNA G.	
STREET ADDRESS	2901 OAK BEACH BLVD	
CITY-ST-ZIP	SEBRING FL	
TITLE	D	☐ DELETE
NAME	PAEDAE, MARY M.	
STREET ADDRESS	618 S. EUCALYPTUS	
CITY-ST-ZIP	SEBRING FL	
TITLE	ST	☐ DELETE
NAME	PAEDAE, W.H.	
STREET ADDRESS	1204 CORVETTE AVE.	
CITY-ST-ZIP	SEBRING 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

11 TITLE		☐ Change ☐ Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE		☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this report is true, complete and accurate; is executed in accordance with Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or added to this report.

SIGNATURE: Ladonna Paedae Ladonna Paedae 3-26-96 941-385-3049
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME TELEPHONE NUMBER