FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997

Principa! Place of Business

6900 W FAIRFIELD DR

PENSACOLA FL 32506



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 525302

(6)

Mailing Address

6900 W FAIRFIELD DR

PENSACOLA FL 32506-3310

L. G. HOBBS REALTY, INC.

Jan 22 1997 8:00am Secretary of State							
Secreta	ary of State						
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	ETETE OTDEF ETETT BIDTE OTDET OTDET						
3. Date Incorporated or Qualified	3a. Date of Last Report						
02/02/1977	06/19/1996						
4. FEI Number	Applied For						
59-1718574	Not Applicable S8.75 Additional						
5. Certificate of Status Desired	Fee Required						
6. Election Campaign Financing	\$5.00 May Be						
Trust Fund Contribution	Added to Fees						
 This corporation has fiability for in Florida Statutes 	ntangible tax under s. 199.032,						
0. Name and Address of New Reg	Jistered Agent						
(P.O. Box Number is Not Acceptable	le)						
	85 Zip Code						
tion at health this statement for the pu	FL transport to registered						
tion submits this statement for the pu s board of directors. I hereby accep	it the appointment as registered						
nen revistating)	DATE CONTROL IN 10						
ADDITIONS/CHANGES TO OFFICE	Change Addition						
	7						
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	ERS AND DIRECTORS IN 12 Change Addition Change Addition Change Addition						
	E Onango E Nodition						
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FILED

2. Principa! P.	ace of Business	2a. Mailing Address			4. FEI Number	Applied For	
21		26			59-1718574	Not Applicable	
Suite. Apt	有, etc	Suite Apt, #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	6	City & State	· · · · · · · · · · · · · · · · · · ·	*** ***	6. Election Campaign Financing	\$5.00 May Be	
23		28			Trust Fund Contribution	Added to Fees	
Zip	Country	- Z ₍ p	Country		8. This corporation has liability for intangible tax under s. 199.032,		
4 25 29 30			30	Ftorida Statutes Yes No 10. Name and Address of New Registered Agent			
	9. Name and Address of Current Registered Agent				10. Name and Address of New Registers	10 Agent	
HUBBS,LAURICE G.			81	81 Name			
PENSACOLA FL 32505			82	82 Street Address (P.O. Box Number is Not Acceptable)			
			83	83			
				City		85 Zip Code	
11 Purcunnt I	to the provisions of Sections 607.00	02 and 607 1508 Florida Statute	s the above	-named corno	oration submits this statement for the purpose		
office or re	edistered agent, or both, in the Stat	e of Florida, Such change was a	uthorized by	the corporation	on's board of directors. I hereby accept the a	appointment as registered	
	ni familiar with land accept the obli	gaso is or, section doz.dsds, mai	iida Statutes				
SIGNATURE	Signature, typical or printed rightle of register ed a	pint and the if applicable (NOTE	Registered Age	nt signature require	ed when revistating) DATE	THE RESERVE THE PROPERTY OF TH	
12.	OFFICERS AF	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12	
TILE	PD	☐ DELETE	1.1 THEE			Change Addition	
NAME	HOBBS, LAUYRCE G.		1.2 NAME	1			
STREET ADDRESS	6900 W. FAIRFIELD DR.		1.3 STREET	address			
CITY ST 20	PENSACOLA FL		1.4 CITY - S	· 7IP			
TITLE		☐ DELETE	2.1 TITLE			Change Addition	
NAME			2.2 NAME				
STEEF : ADORESS			2.3 STREET	address	•		
City - ST- 7iF			2. 4 CHTY - S	T-2(P			
Titut		☐ DELETE	3.1 TITLE			Change Addition	
NAMÉ			3.2 NAME				
STREET ADDRESS			3.3 STREET	ADORESS			
CH 1 - ST - ZIP			3.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	4.1 TITLE	}		Change Addition	
NAMÉ			4 2 NAME.				
STREET ADDRESS			4.3 STREET		3		
City - ST - ZiP		DELETE	4 4 CITY - S	T- ZIP		Change Addition	
TITLE		F"I percet	5 1 TITLE		• • • • • • • • • • • • • • • • • • •	Gliange Addition	
NAME			5.2 NAME				
STREET ADERESS			5.3 STREET				
Cay - S1 - 71P Title		DELETE	54 City-S 61 Title	1-217		Change Addition	
		L_I DELLE	62 NAME			Em elleriar Em Frantiert	
NAVE prouds appeared			63 STREET	ADDRESS			
STREET ADDRESS			64 DITY-S				
011Y-\$1-7IP 14. I do here!	l by cert fy that the information suppli	ed with this filing does not qualify			in Section 119.07(3)(i), Florida Statutes, I fur	ther 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 a lattachment with an address.

Daytime Phone 4 0486026