

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 28 AM 10:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 585980

(6)

1. Corporation Name

HOBBY OASIS, INC.

Principal Place of Business

540 ATLANTIC BLVD
NEPTUNE BEACH FL 32266-4024

Mailing Address

540 ATLANTIC BLVD
NEPTUNE BEACH FL 32266-4024

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/11/1978

3a. Date of Last Report

05/01/1994

4. FEI Number

59-1840405

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

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

VOYLES, WILLIAM R
13034 LOBLOLLY LN S
JACKSONVILLE, FL
32246

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

TD

NAME

VOYLES, KATHLENE H.

STREET ADDRESS

540 ATLANTIC BLVD
NEPTUNE BCH, FL 00000

CITY - ST - ZIP

TITLE

D

NAME

NORVELLE, MARTHA L

STREET ADDRESS

540 ATLANTIC BLVD
NEPTUNE BCH, FL 00000

CITY - ST - ZIP

TITLE

SD

NAME

VOYLES, SUE

STREET ADDRESS

540 ATLANTIC BLVD
NEPTUNE BCH, FL 00000

CITY - ST - ZIP

TITLE

PD

NAME

VOYLES, WILLIAM R

STREET ADDRESS

540 ATLANTIC BLVD
NEPTUNE BCH, FL 00000

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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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 110.07(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

William R Voyles
WILLIAM R VOYLES
PRESIDENT

4-25-95

904-249-2066

Signature Printed Name