

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAR 23 AM 11:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 747854 (8)
1. Corporation Name
HOBIE FLEET 42, INC.

Principal Place of Business Mailing Address
**8506 WESTRIDGE DR.
TAMPA FL 33615**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/28/1979	3a. Date of Last Report 04/29/1994
4. FEI Number 59-2948545	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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒	\$68.75 Supplemental Fee Not Required
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	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29
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9. Name and Address of Current Registered Agent
**DISALVO, MICHAEL
8506 WESTRIDGE DR
TAMPA FL 33615**

81. Name Greg Smith
82. Street Address (P.O. Box Number is Not Acceptable) 201 South Buena Vista Drive
83. City Dunedin
84. State FL
85. Zip Code 34698

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 Gregory C. Smith **3-9-95**
Signature, if printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	NAME DISALVO, MICHAEL	1.1 TITLE PD	NAME Greg Smith
STREET ADDRESS 8506 WESTRIDGE DR.	CITY-STATE-ZIP TAMPA FL 33615	1.2 STREET ADDRESS 201 Buena Vista Drive	1.3 CITY-STATE-ZIP Dunedin FL 34698
TITLE SD	NAME LINN, JOY	2.1 TITLE SD	NAME Mark Whidden
STREET ADDRESS 72 LAGODA AVE	CITY-STATE-ZIP TAMPA FL	2.2 STREET ADDRESS 5101 Halifax Drive	2.3 CITY-STATE-ZIP Tampa, FL 33615
TITLE TD	NAME LENQUEL, KAREN	3.1 TITLE TD	NAME Bill Myrter
STREET ADDRESS 4707 WANDERING WAY	CITY-STATE-ZIP TAMPA FL	3.2 STREET ADDRESS 4714 Lodestone Drive	3.3 CITY-STATE-ZIP Tampa, FL 33615
TITLE MA	NAME BROOKS, BILL	4.1 TITLE MA	NAME Woodie Cope
STREET ADDRESS 12724 CARTE DR	CITY-STATE-ZIP TAMPA FL	4.2 STREET ADDRESS 6908 Mexicala Court	4.3 CITY-STATE-ZIP Tampa, FL 33634
TITLE MA	NAME ALBINA, JACQUE	5.1 TITLE MA	NAME Cliff Roche
STREET ADDRESS 511 MEADOW LN	CITY-STATE-ZIP OLDSMAR FL	5.2 STREET ADDRESS 6329 Lansdale Circle	5.3 CITY-STATE-ZIP Tampa, FL 33616
TITLE VPO	NAME ROCHE, CLIFF	6.1 TITLE VPO	NAME ROCHE, CLIFF
STREET ADDRESS 6329 LANSDALE CIR	CITY-STATE-ZIP TAMPA FL	6.2 STREET ADDRESS 6329 LANSDALE CIR	6.3 CITY-STATE-ZIP TAMPA FL

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 recorder or intutor 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: William R. Myrter **3/19/95** **985590**
Signature and typed or printed name of signing officer or director