

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **747854** (8)

1. Corporation Name

HOBIE FLEET 42, INC.

Principal Place of Business

**8506 WESTRIDGE DR.
TAMPA FL 33615**

Mailing Address

**8506 WESTRIDGE DR.
TAMPA FL 33615**



3. Date Incorporated or Qualified
06/28/1979

3a. Date of Last Report
03/23/1995

2. Principal Place of Business

2a. Mailing Address

21 **6329 Lansdale Cir.**

26 **6329 Lansdale Cir.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 **Tampa, FL**

28 **Tampa, FL**

Zip Country

Zip Country

24 **33616**

25

29 **33616**

30

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**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SMITH, GREG
201 SOUTH BUENA VISTA DRIVE
DUNEDIN FL 34698**

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 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 accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **SMITH, GREG**
STREET ADDRESS **201 BUENA VISTA DRIVE**
CITY - ST - ZIP **DUNEDIN FL**

TITLE **SD** ☒ DELETE
NAME **WHIDDEN, MARK**
STREET ADDRESS **5101 HALIFAX DRIVE**
CITY - ST - ZIP **TAMPA FL**

TITLE **TD** ☐ DELETE
NAME **MYRTER, BILL**
STREET ADDRESS **4714 LODESTONE DRIVE**
CITY - ST - ZIP **TAMPA FL**

TITLE **MA** ☒ DELETE
NAME **COPE, WOODE**
STREET ADDRESS **6908 MEXICALA COURT**
CITY - ST - ZIP **TAMPA FL**

TITLE **MA** ☒ DELETE
NAME **ROCHE, CLIFF**
STREET ADDRESS **6329 LANSDALE CIRCLE**
CITY - ST - ZIP **TAMPA FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME **VP**
2.3 STREET ADDRESS **Bill Brooks**
2.4 CITY - ST - ZIP **12724 Cante Drive**
Tampa, FL 33618

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME **MA**
4.3 STREET ADDRESS **Linda Jo Nicholson**
4.4 CITY - ST - ZIP **795 CR1 #87**
Palm Harbor, FL 34683

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME **S**
5.3 STREET ADDRESS **Cliff Roche**
5.4 CITY - ST - ZIP **6329 Lansdale Circle**
Tampa, FL 33616

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

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 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Gregory C. Smith*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-96 813-733-5781

Date

Daytime Phone #

CR2E037 (12/95)