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May 09 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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

Mailing Address

6329 LANSDALE CIRCLE
TAMPA FL 33616
US6329 LANSDALE CIRCLE
TAMPA FL 33616-1405
US3. Date Incorporated or Qualified
06/28/19793a. Date of Last Report
04/29/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number
59-2948545Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☒ DELETE
NAME SMITH, GREG
STREET ADDRESS 201 BUENA VISTA DRIVE
CITY - ST - ZIP DUNEDIN FL1.1 TITLE PD ☒ Change ☐ Addition
1.2 NAME WOODIE COPE
1.3 STREET ADDRESS 6908 Mexicala Court
1.4 CITY - ST - ZIP Tampa, FL 33634TITLE VD ☐ DELETE
NAME BROOKS, BILL
STREET ADDRESS 12724 CARTE DR
CITY - ST - ZIP TAMPA FL2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIPTITLE TD ☒ DELETE
NAME MYRTER, BILL
STREET ADDRESS 4714 LODESTONE DRIVE
CITY - ST - ZIP TAMPA FL3.1 TITLE TD ☒ Change ☐ Addition
3.2 NAME CLIFF ROCHE
3.3 STREET ADDRESS 6329 Lansdale Circle
3.4 CITY - ST - ZIP Tampa, FL 33616-1405TITLE MA ☒ DELETE
NAME NICHOLSON, LINDA JO
STREET ADDRESS 795 CRI, #87
CITY - ST - ZIP PALM HARBOR FL4.1 TITLE MA ☐ Change ☒ Addition
4.2 NAME DAVE LENGUEL
4.3 STREET ADDRESS 4707 Wandering Way
4.4 CITY - ST - ZIP Tampa, FL 33624TITLE S ☒ DELETE
NAME ROCHE, CLIFF
STREET ADDRESS 5320 LANSDALE CIRCLE
CITY - ST - ZIP TAMPA FL5.1 TITLE S ☐ Change ☒ Addition
5.2 NAME MIKE DISALVO
5.3 STREET ADDRESS 8506 Westridge Drive
5.4 CITY - ST - ZIP Tampa, FL 33615TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP6.1 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/97 813-282-2486

Date

Daytime Phone # 0048300

CP2E037 (9/96)