

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

Mailing Address

**6329 LANSDALE CIRCLE  
TAMPA FL 33616  
US**

**6329 LANSDALE CIRCLE  
TAMPA FL 33616  
US**

3. Date Incorporated or Qualified

**06/28/1979**

4. FEI Number

**59-2948545**

Applied For

Not Applicable

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** Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

**81** Name **WILLIAM D. BROOKS**  
**82** Street Address (P.O. Box Number is Not Acceptable)  
**12724 CARTE DRIVE**  
**83**  
**84** City **TAMPA** **FL** **85** Zip Code **33618**

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 **William D. Brooks** **VICE COMMODORE** **MAY 9, 1998**

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	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>COPE, WOODIE</b>	
STREET ADDRESS	<b>6908 MEXICALA COURT</b>	
CITY-ST-ZIP	<b>TAMPA FL</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>BROOKS, BILL</b>	
STREET ADDRESS	<b>12724 CARTE DR</b>	
CITY-ST-ZIP	<b>TAMPA FL</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>ROCHE, CLIFF</b>	
STREET ADDRESS	<b>6329 LANSDALE CIRCLE</b>	
CITY-ST-ZIP	<b>TAMPA FL</b>	
TITLE	<b>MA</b>	<input type="checkbox"/> DELETE
NAME	<b>LENGYEL, DAVE</b>	
STREET ADDRESS	<b>4707 WANDERING WAY</b>	
CITY-ST-ZIP	<b>TAMPA FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>DISLVO, MIKE</b>	
STREET ADDRESS	<b>8506 WESTRIDGE DRIVE</b>	
CITY-ST-ZIP	<b>TAMPA FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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: **William D. Brooks** **MAY 9 1998 012-774-0109**

CR2E037 (10/97)