

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 16, 1999 8:00 am**  
**Secretary of State**

03-16-1999 90109 024 \*\*\*150.00

DOCUMENT # 827193

1. Corporation Name  
HOBBS GROUP, INC.

Principal Place of Business

741 BOSTON POST RD  
SUITE 104  
GUILFORD CT 06437

Mailing Address

741 BOSTON POST RD  
SUITE 104  
GUILFORD CT 06437

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/15/1971

4. FEI Number

04-2191314

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 owes the current year intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 4401 Northside Pkwy.

2a. Mailing Address

26 4401 Northside Pkwy.

Suite, Apt. #, etc.

22 Suite 560

Suite, Apt. #, etc.

27 Suite 560

City & State

23 Atlanta, GA

City & State

28 Atlanta, GA

Zip Country

24 30327

25 USA

Zip Country

29 30327

30 USA

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE S ☒ DELETE

NAME LYONS, LAURAGENE  
STREET ADDRESS 125 RIVER EDGE FARMS  
CITY-ST-ZIP MADISON CT 06443

TITLE PD ☐ DELETE

NAME GOLUB, THOMAS A  
STREET ADDRESS 741 BOSTON POST ROAD  
CITY-ST-ZIP GUILFORD CT

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE V ☐ Change ☒ Addition

1.2 NAME Daniel J. Donovan  
1.3 STREET ADDRESS 4401 Northside Pkwy., Suite 560  
1.4 CITY-ST-ZIP Atlanta, GA 30327

2.1 TITLE V ☐ Change ☒ Addition

2.2 NAME John F. McGrath  
2.3 STREET ADDRESS 4401 Northside Pkwy., Suite 560  
2.4 CITY-ST-ZIP Atlanta, GA 30327

3.1 TITLE V ☐ Change ☒ Addition

3.2 NAME Edward F. McNulty  
3.3 STREET ADDRESS 4401 Northside Pkwy., Suite 560  
3.4 CITY-ST-ZIP Atlanta, GA 30327

4.1 TITLE V/S ☐ Change ☒ Addition

4.2 NAME Douglas J. MacGinnitie  
4.3 STREET ADDRESS 4401 Northside Pkwy., Suite 560  
4.4 CITY-ST-ZIP Atlanta, GA 30327

5.1 TITLE V ☐ Change ☒ Addition

5.2 NAME Patricia G. Chadwick  
5.3 STREET ADDRESS 4401 Northside Pkwy., Suite 560  
5.4 CITY-ST-ZIP Atlanta, GA 30327

6.1 TITLE V ☒ Change ☐ Addition

6.2 NAME Lauragene Lyons  
6.3 STREET ADDRESS 741 Boston Post Road  
6.4 CITY-ST-ZIP Guilford, CT

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

054810 1010 51  
827193

**HOBBS GROUP, INC.**

**ADDITIONAL OFFICERS**

Assistant Secretary

Addition

Carla M. Brown  
4401 Northside Pkwy., Suite 560  
Atlanta, GA 30327

Assistant Treasurer

Addition

T. Gregory Richardson  
4401 Northside Pkwy., Suite 560  
Atlanta, GA 30327