SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 JUN 12 PM 4:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F57319 (8)

1. Corporation Name
HOBO INCORPORATED

Principal Place of Business	Mailing Address
100 ORANGE-CO CIRCLE NE PO BOX 2484 WINTER HAVEN FL 33881	100 ORANGE-CO CIRCLE NE PO BOX 2484 WINTER HAVEN FL 33881

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/07/1981
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business	2a. Mailing Address
21 1502 Buckeye #4	26 P.O. Box 2484
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Winter Haven, FL	City & State 28 Winter Haven, FL
Zip / Country 24 33881 / 25 USA	Zip / Country 29 33881 / 30 USA

4. FEI Number: 59-2145516 ☐ 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
81 Name: RUTH OWENS
82 Street Address (P.O. Box Number is Not Acceptable): 1502 Buckeye #4
83
84 City: Winter Haven, FL 85 Zip Code: 33881

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 X Ruth M. Owens X 6-5-95
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	1.1 TITLE	☐ Change ☐ Addition
NAME	OWENS, DONALD W.	1.2 NAME	
STREET ADDRESS	~~100 ORANGECO CIRCLE NE~~	1.3 STREET ADDRESS	1502 Buckeye #4
CITY-ST-ZIP	WINTER HAVEN, FL 00000	1.4 CITY-ST-ZIP	Tampa, FL 33881
TITLE	VST	2.1 TITLE	☐ Change ☐ Addition
NAME	OWENS, RUTH	2.2 NAME	
STREET ADDRESS	~~100 ORANGECO CIRCLE NE~~	2.3 STREET ADDRESS	1592 Buckeye #4
CITY-ST-ZIP	WINTER HAVEN, FL 00000	2.4 CITY-ST-ZIP	Winter Haven, FL 33881
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	OWENS, RUTH	3.2 NAME	
STREET ADDRESS	~~100 ORANGECO CIRCLE NE~~	3.3 STREET ADDRESS	1502 Buckeye #4
CITY-ST-ZIP	~~WINTER HAVEN, FL 00000~~	3.4 CITY-ST-ZIP	Tampa, FL 33881
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	MATTICK, MICHAEL J.	4.2 NAME	
STREET ADDRESS	201 S. KINGS DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTE NC	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	DM 9/9
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (3/95)

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)(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.

SIGNATURE: X Ruth M. Owens X 6-5-95 941 299-9759
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0180080 FP