

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **F57319**

(8)

1. Corporation Name

HOBO INCORPORATED

Principal Place of Business

**1502 BUCKEYE #4
WINTER HAVEN FL 33881**

Mailing Address

**P.O. BOX 2484
WINTER HAVEN FL 33883-2484**

3. Date Incorporated or Qualified
12/07/1981

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 **P.O. Box 2235**

22 City & State

27 City & State
Winter Haven FL

23 Zip

Country

28 Zip
33883-2235

24

25

29

Country

9. Name and Address of Current Registered Agent

**OWENS, RUTH
1502 BUCKEYE #4
WINTER HAVEN FL 33881**

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	PD	<input type="checkbox"/> DELETE
NAME	OWENS, DONALD W.	
STREET ADDRESS	1502 BUCKEYE #4	
CITY - ST - ZIP	WINTER HAVEN FL 33881	
TITLE	VST	<input type="checkbox"/> DELETE
NAME	OWENS, RUTH	
STREET ADDRESS	1502 BUCKEYE #4	
CITY - ST - ZIP	WINTER HAVEN FL 33881	
TITLE	D	<input type="checkbox"/> DELETE
NAME	OWENS, RUTH	
STREET ADDRESS	1502 BUCKEYE #4	
CITY - ST - ZIP	WINTER HAVEN FL 33881	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MATTICK, MICHAEL J.	
STREET ADDRESS	201 S. KINGS DR	
CITY - ST - ZIP	CHARLOTTE NC	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	1400 N.E. 57th ST #104
1.4 CITY - ST - ZIP	Ft. Lauderdale FL 33334
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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Ruth Owens
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-97 941 299-9759
Date Daytime Phone #

0395323

CR2E034 (9/96)

FILED
Apr 24 1997 8:00am
Secretary of State

