

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  
May 05, 1999 8:00 am  
Secretary of State

05-05-1999 90098 031 \*\*\*150.00

DOCUMENT # F57319

1. Corporation Name  
HOB0 INCORPORATED

Principal Place of Business

1502-BUCKEYE #4  
WINTER HAVEN FL 33881

Mailing Address

PO BOX 2235  
WINTER HAVEN FL 33883-2235  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/07/1981

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 owes the current year Intangible  
Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

21 3003 Silverado Terrace

Suite, Apt. #, etc.

2a. Mailing Address

27 Suite, Apt. #, etc.

City & State

23 Winter Haven FL

Zip

24 33884 25 USA

Country

Zip

Country

29

30

9. Name and Address of Current Registered Agent

OWENS, RUTH

1502-BUCKEYE #4 3003 Silverado Terrace  
WINTER HAVEN FL 33881 Winter Haven FL  
33884

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 ☐ DELETE

NAME OWENS, DONALD W.  
STREET ADDRESS 2075 ISLE ROYALE #170  
CITY-ST-ZIP WINTER HAVEN FL 33882

TITLE VST ☐ DELETE

NAME OWENS, RUTH  
STREET ADDRESS 1502-BUCKEYE #4  
CITY-ST-ZIP WINTER HAVEN FL 33881

TITLE D ☐ DELETE

NAME OWENS, RUTH  
STREET ADDRESS 1502-BUCKEYE #4  
CITY-ST-ZIP WINTER HAVEN FL 33881

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 ☒ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS 701 Country Ln  
1.4 CITY-ST-ZIP Winter Haven FL 33881

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS 3003 Silverado Terrace  
2.4 CITY-ST-ZIP Winter Haven FL 33884

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS 3003 Silverado Terrace  
3.4 CITY-ST-ZIP Winter Haven FL 33884

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME Director  
4.3 STREET ADDRESS William W. Howard  
4.4 CITY-ST-ZIP 2413 Bayshore Blvd #206  
Tampa FL 33629

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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

4-27-99 941 318-1919

Date

Daytime Phone #

CR2E034 (11/98)