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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # H08316 (2)

1. Corporation Name

HOBE GROVES, INC.



Principal Place of Business

Mailing Address

PO BOX 14079 N/A
P O BOX 1240
FORT PIERCE FL 34979-4079
US

P O BOX 14079 N/A
P O BOX 1240
FORT PIERCE FL 34979-4079
US

3. Date Incorporated or Qualified

06/18/1984

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 2627 S. JENKINS ROAD

26 P.O. BOX 14079

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 FORT PIERCE, FL

28 FORT PIERCE, FL

Zip Country

Zip Country

24 34981

25 USA

29 34979

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DANIEL E. DEMPSEY
x 2627 S. JENKINS ROAD x
FT PIERCE FL 34981

81 Name
DANIEL E. DEMPSEY

82 Street Address (P.O. Box Number is Not Acceptable)
6910 33RD STREET

83

84 City
VERO BEACH

FL 85 Zip Code
32966

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 date of appointment

(If the Registered Agent is not a corporation, the signature must be accompanied by a statement of the agent's authority to act as such agent.)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BECKER, RICHARD E.	
STREET ADDRESS	2627 S JENKINS RD.	
CITY-ST-ZIP	FORT PIERCE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	DEMPSEY, DANIEL E.	
STREET ADDRESS	6910 33RD ST.	
CITY-ST-ZIP	VERO BCH. FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11 TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	BECKER, RICHARD E.	
13 STREET ADDRESS	130 S. SHORE CIRCLE	
14 CITY-ST-ZIP	VERO BEACH, FL 32963	
21 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	DEMPSEY, DANIEL E.	
23 STREET ADDRESS	6910 33RD STREET	
24 CITY-ST-ZIP	VERO BEACH, FL 32966	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

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)(k), 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:

Daniel E. Dempsey

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DANIEL E. DEMPSEY

04/16/96

407-461-1180

DATE DAY/MONTH/YEAR

CR2E034 (12/95)