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FILED

May 19 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

2627 S JENKINS RD  
P O BOX 1240  
FT PIERCE FL 34981  
US

PO BX 14079  
P O BOX 1240  
FT. PIERCE FL 34979-4079  
US

3. Date Incorporated or Qualified

06/18/1984

3a. Date of Last Report

04/26/1996

2. Principal Place of Business

21 2627 S. Jenkins Road  
Suite, Apt. #, etc.

22 City & State

23 Fort Pierce, FL

24 34981 25 Country

9. Name and Address of Current Registered Agent

DANIEL E DEMPSEY  
6910 33RD ST.  
VERO BCH FL 32908

2a. Mailing Address

26 P.O. Box 13029  
Suite, Apt. #, etc.

27 City & State

28 Fort Pierce, FL

29 34979 30 Country

4. FEI Number

59-2430635

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

10. Name and Address of New Registered Agent

81 Name

Daniel E. Dempsey

82 Street Address (P.O. Box Number is Not Acceptable)

2627 S. Jenkins Road

83

84 City

Fort Pierce

FL

85 Zip Code

34981

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	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
CD	BECKER, RICHARD E.	130 S SHORE CIR	FORT PIERCE FL	<input type="checkbox"/>
PD	DEMPSEY, DANIEL E.	6910 33RD ST.	VERO BCH. FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>

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 in an attachment with an address.

SIGNATURE

*Daniel E. Dempsey*

Daniel E. Dempsey

3/27/97

(561)461-1180

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

0474569

CR2E034 (9/96)