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Apr 25, 1999 8:00 am
Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H08316

1. Corporation Name
HOBE GROVES, INC.

Principal Place of Business

2627 S JENKINS RD
FT PIERCE FL 34981
US

Mailing Address

2627 SOUTH JENKINS ROAD
FT. PIERCE FL 34981
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/18/1984

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc. SUITE 201
22 660 BEACHLAND BOULEVARD
City & State

23 VERO BEACH, FLORIDA

Zip Country

24 32963

25

2a. Mailing Address

26 Suite, Apt. #, etc. SUITE 201
27 660 BEACHLAND BOULEVARD
City & State

28 VERO BEACH, FLORIDA

Zip Country

29 32963

30

9. Name and Address of Current Registered Agent

DANIEL E DEMPSEY
2627 S JENKINS RD
FT PIERCE FL 34981

10. Name and Address of New Registered Agent

81 Name DANIEL D. DEMPSEY
82 Street Address (P.O. Box Number is Not Acceptable)
660 BEACHLAND BLVD, SUITE 201
83
84 City VERO BEACH FL 85 Zip Code 32963

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 CD ☐ DELETE
NAME BECKER, RICHARD E.
STREET ADDRESS 130 S SHORE CIR
CITY-ST-ZIP FORT PIERCE FL

TITLE PD ☐ DELETE
NAME DEMPSEY, DANIEL E.
STREET ADDRESS 6910 33RD ST.
CITY-ST-ZIP VERO BCH. FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 SECRETARY/DIRECTOR ☐ Change ☒ Addition
1.2 NAME THOMAS HURLEY
1.3 STREET ADDRESS 660 BEACHLAND BLVD. STE 201
1.4 CITY-ST-ZIP VERO BEACH, FL 32963

2.1 TITLE VICE PRESIDENT/DIRECTOR ☐ Change ☒ Addition
2.2 NAME R. SCOTT HURLEY
2.3 STREET ADDRESS 660 BEACHLAND BLVD, SUITE 201
2.4 CITY-ST-ZIP VERO BEACH, FL 32963

3.1 TITLE TREASURER/DIRECTOR ☐ Change ☒ Addition
3.2 NAME RICHARD E HURLEY
3.3 STREET ADDRESS 660 BEACHLAND BLVD, SUITE 201
3.4 CITY-ST-ZIP VERO BEACH, FL 32963

4.1 TITLE DIRECTOR ☐ Change ☒ Addition
4.2 NAME BARBARA HURLEY
4.3 STREET ADDRESS 381 INDIAN HARBOR ROAD
4.4 CITY-ST-ZIP VERO BEACH, FL 32963

5.1 TITLE DIRECTOR ☐ Change ☒ Addition
5.2 NAME JOANN M BECKER
5.3 STREET ADDRESS 155 SAGO PALM ROAD
5.4 CITY-ST-ZIP VERO BEACH, FL 32963

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
DANIEL E DEMPSEY

Date

(561) 234-5234

Daytime Phone #

CR2E034 (11/98)