

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # H10940

(5)

1. Corporation Name

BOBELCO, INC.

Principal Place of Business

7235 MAIDA LANE, 5A  
FT. MYERS FL 33908-4203  
US

Mailing Address

P.O. BOX 2788 NA  
FT. MYERS BEACH FL 33932-2788  
US

2. Principal Place of Business

7661 Woodland Bend Circle

2a. Mailing Address

2b. 7661 Woodland Bend Circle

Suite, Apt. #, etc.

2c. Suite, Apt. #, etc.

22. City & State

23. Fort Myers, Florida

27. City & State

28. Fort Myers, Florida

24. Zip

24. 33912

Country

25. USA

29. ZIP

33912

Country

30. USA

9. Name and Address of Current Registered Agent

PHELPS, ELEANOR J.  
7235 MAIDA LN 5A  
FORT MYERS FL 33908

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)  
7661 Woodland Bend Circle

83.

84. City

Fort Myers

85. Zip Code  
FL 33912

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC	<input type="checkbox"/> DELETE	1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 7661 Woodland Bend Circle Fort Myers Florida: 33912
NAME	PHELPS, ROBERT F.		
STREET ADDRESS	7235 MAIDA LN 5A		
CITY-ST-ZIP	FORT MYERS FL		
TITLE	PD	<input type="checkbox"/> DELETE	2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 7661 Woodland Bend Circle Fort Myers Florida: 33912
NAME	PHELPS, ELEANOR		
STREET ADDRESS	7235 MAIDA LN 5A		
CITY-ST-ZIP	FORT MYERS FL		
TITLE	STD	<input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
NAME	CORKRAN, RICHARD L JR.		
STREET ADDRESS	8404 21ST AVE W		
CITY-ST-ZIP	BRADENTON FL		
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 116 Coral Vine Drive Naples Florida: 34110
NAME	KLOPP, CHARLOTTE R.		
STREET ADDRESS	215 CYPRESS WAY EAST, C6		
CITY-ST-ZIP	NAPLES FL		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP
NAME			
STREET ADDRESS			
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 *initials*.

SIGNATURE:

ELEANOR J. PHELPS

3/11/98

(941) 768-1220

CR2E034 (1097)