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Apr 06, 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 # H10940

1. Corporation Name
BOBELCO, INC.

Principal Place of Business
7661 WOODLAND BEND CIR
FT. MYERS FL 33912
US

Mailing Address
7661 WOODLAND BEND CIR
FT. MYERS BEACH FL 33912
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/05/1984

4. FEI Number

59-2447540

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$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.

23. City & State

24. Zip

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

28. City & State

29. Zip

Country

30

FLORIDA

9. Name and Address of Current Registered Agent

PHELPS, ELEANOR J.
7661 WOODLAND BEND CIR
FORT MYERS FL 33912

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 DC ☐ DELETE
NAME PHELPS, ROBERT F.
STREET ADDRESS 7661 WOODLAND BEND CIR
CITY-ST-ZIP FORT MYERS FL 33912

TITLE PD ☐ DELETE
NAME PHELPS, ELEANOR
STREET ADDRESS 7661 WOODLAND BEND CIR
CITY-ST-ZIP FORT MYERS FL 33912

TITLE STD ☐ DELETE
NAME CORKRAN, RICHARD L JR.
STREET ADDRESS 6404 21ST AVE W
CITY-ST-ZIP BRADENTON FL

TITLE D ☐ DELETE
NAME KLOPP, CHARLOTTE R.
STREET ADDRESS 116 CORAL VINE DR
CITY-ST-ZIP NAPLES FL 34110

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
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ZIP: 34209

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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

3/25/99

(941) 768-1220

Date

Daytime Phone #