FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # L23471 (0)

1. Corporation Name
HOBE SOUND REDEVELOPMENT CORP., INC.

Principal Place of Business	Mailing Address
H.S.R. CORP INC. PO BOX 2146 HOBE SOUND FL 33475 US	H.S.R. CORP INC. PO BOX 2146 HOBE SOUND FL 33475 US

3. Date Incorporated or Qualified: 10/16/1989
3a. Date of Last Report: 02/27/1995

2. Principal Place of Business — 21 — Suite, Apt. #, etc 22 — City & State 23 — Zip 24 — Country 25
2a. Mailing Address — 26 — Suite, Apt. #, etc. 27 — City & State 28 — Zip 29 — Country 30

4. FEI Number: 65-0157730 ☐ 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

9. **Name and Address of Current Registered Agent**

OLENICK, MICHAEL H
900 EAST OCEAN BLVD.
SUITE 120
STUART FL 34994

10. **Name and Address of New Registered Agent**

81 Name: SAWYER, THOMAS R.
82 Street Address (P.O. Box Number is Not Acceptable): 2081 E. OCEAN BLVD, 2ND FLOOR
83
84 City: STUART FL 85 Zip Code: 34996

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: Thomas R. Sawyer — 2/13/96
Signature, typed or printed name of registered agent and title if applicable — DATE

12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	☒ DELETE	1.1 TITLE	PSTD	☒ Change ☐ Addition
NAME	PATRICK, DOUGLAS L.		1.2 NAME	DOUBLEDAY, NELSON	
STREET ADDRESS	P.O. BOX 1721 N/A		1.3 STREET ADDRESS	P.O. BOX 605	N/A
CITY-ST-ZIP	HOBE SOUND FL		1.4 CITY-ST-ZIP	HOBE SOUND, FL 33475	
TITLE	SVP	☒ DELETE	2.1 TITLE	D	☒ Change ☐ Addition
NAME	DOUBLEDAY, NELSON		2.2 NAME	REED, ALETA W	
STREET ADDRESS	PO BOX 605 N/A		2.3 STREET ADDRESS	P.O. BOX 605	N/A
CITY-ST-ZIP	HOBE SOUND FL		2.4 CITY-ST-ZIP	HOBE SOUND, FL 33475	
TITLE	VP	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	DOUBLEDAY, NELSON		3.2 NAME		
STREET ADDRESS	P.O. BOX 604 N/A		3.3 STREET ADDRESS		
CITY-ST-ZIP	HOBE SOUND FL 33475		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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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: N. Doubleday — 5/1/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)