FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAR 10 PM 8:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N49312 (4)

1. Corporation Name

HOBIE FLEET 11, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
~~1016 LINDENWOOD LN~~ ~~WINTERPARK FL 32792~~ ~~US~~	1316 LINENWOOD LANE WINTERPARK FL 32792 US

3. Date Incorporated or Qualified: 06/08/1992
3a. Date of Last Report: 05/01/1994
4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21: 2120 W. PINE ST
22: Suite, Apt. #, etc.
23: City & State: ORLANDO, FL
24: Zip: 32805 25: Country: USA

2a. Mailing Address
26: 2120 W. PINE ST
27: Suite, Apt. #, etc.
28: City & State: ORLANDO, FL
29: Zip: 32805 30: Country: USA

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

DOWNING, HAROLD L.
800 N MAGNOLIA AVE
STE 1500
ORLANDO FL 32803

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City: FL 05 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D ☐ Change ☒ Addition
NAME	MACKEY, ROBERT E.	1.2 NAME	LOUIS ADIANO
STREET ADDRESS	1316 LINDENWOOD LN	1.3 STREET ADDRESS	2120 W. PINE ST
CITY-ST-ZIP	WINTERPARK FL	1.4 CITY-ST-ZIP	ORLANDO FL 32805
TITLE	D	2.1 TITLE	D ☐ Change ☒ Addition
NAME	HENDERSON, ROBERT	2.2 NAME	DAN TIMONERE
STREET ADDRESS	P O BOX 1171 N/A	2.3 STREET ADDRESS	2948 DERBY ST
CITY-ST-ZIP	MOUNT DORA FL	2.4 CITY-ST-ZIP	DELTONA FL
TITLE	D	3.1 TITLE	DAVID INGRAM ☐ Change ☒ Addition
NAME	CHAFFEE, MARCY	3.2 NAME	
STREET ADDRESS	883 PINE MEADOWS RD	3.3 STREET ADDRESS	1019 BLACKWILLOW DR
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	OVIEDO, FL 32765
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ LOUIS ADIANO 3-3-95 407 841-2313
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

00320614