FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 PM 12:59

DOCUMENT # P94000040793 (9)

1. Corporation Name
JOSEPH L HOBSON ENTERPRISES, INC.

Principal Place of Business	Mailing Address
5090 CILLETTE AVE. NORTH PORT FL 34287	5090 CILLETTE AVE. NORTH PORT FL 34287

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/26/1994
3a. Date of Last Report: NA

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

4. FEI Number: 65-0498884 ☐ 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 (refer to s. 199.019 Florida Statutes) ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

HOBSON, JOSEPH L
*23029 ALABASTER
PORT CHARLOTTE FL 33952

10. Name and Address of New Registered Agent

81 Name: JOSEPH L. HOBSON
82 Street Address (P.O. Box Number is Not Acceptable): 5090 CILLETTE AV.
83:
84 City: NORTH PORT FL 85 Zip Code: 34287

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: JOSEPH L. HOBSON - PRESIDENT — Joseph L. Hobson — 4/4/95
(If changing Registered Agent, Registered Agent must sign here.) (If changing Registered Agent, new Registered Agent must sign here.) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
01 TITLE	PRESIDENT	11 TITLE	☐ Change ☐ Addition
NAME	JOSEPH L. HOBSON	12 NAME	
STREET ADDRESS	5090 CILLETTE AV.	13 STREET ADDRESS	
CITY ST ZIP	NORTH PORT, FL 34287	14 CITY ST ZIP	
02 TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY ST ZIP		24 CITY ST ZIP	
03 TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
04 TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
05 TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
06 TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or added on an attachment with an address.

SIGNATURE: Joseph L. Hobson — 4/4/95 — (813) 426-0966
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)
JOSEPH L. HOBSON

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