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May 02 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000084878 (5)

1. Corporation Name
MOBBLY BAY ESTATES, INC.



Principal Place of Business
2959 FIRST AVE N
ST PETERSBURG FL 33713

Mailing Address
2959 FIRST AVE N
ST PETERSBURG FL 33713-8805

3. Date Incorporated or Qualified
11/21/1994

3a. Date of Last Report
05/01/1996

4. FEI Number
59-3302278

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

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 P.O. Box 7432
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

9. Name and Address of Current Registered Agent

BACON, DAVID A
2959 FIRST AVE N
ST PETERSBURG FL 33713

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 607.0602 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 David A. Bacon DATE 2-11-97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPS	1.1 TITLE	D/P
NAME	OLSON, CHARLES	1.2 NAME	Olson, Charles
STREET ADDRESS	157 107TH AVE	1.3 STREET ADDRESS	
CITY- ST- ZIP	TREASURE ISLAND FL 33706	1.4 CITY- ST- ZIP	
TITLE	DT	2.1 TITLE	
NAME	SMITH, PAUL D	2.2 NAME	SAME
STREET ADDRESS	4598-49TH ST. NORTH	2.3 STREET ADDRESS	
CITY- ST- ZIP	ST PETERSBURG FL	2.4 CITY- ST- ZIP	
TITLE	DV	3.1 TITLE	D/S
NAME	ADAMS, JOHN B JR.	3.2 NAME	Adams, John B. Jr.
STREET ADDRESS	PO BOX 7432	3.3 STREET ADDRESS	
CITY- ST- ZIP	SEMINOLE FL	3.4 CITY- ST- ZIP	
TITLE		4.1 TITLE	V
NAME		4.2 NAME	David H. Gibson
STREET ADDRESS		4.3 STREET ADDRESS	6528 Fairway View Blvd
CITY- ST- ZIP		4.4 CITY- ST- ZIP	St. Pete, Fla 33707
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	
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 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.

SIGNATURE Charles Olson, Pres DATE 2/14/97 813
363-2053

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0378071

CR2E034 (9/96)