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Apr 25, 1999 8:00 am  
Secretary of State

04-25-1999 90027 019 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000017345

1. Corporation Name

HOBO ENTERPRISES OF SANIBEL, INC.

Principal Place of Business

1833 HENDRY ST. 937 E. GULF DR  
FORT MYERS FL 33901 SANIBEL, FL  
33957

Mailing Address

1833 HENDRY ST. 937 E. GULF DR  
FORT MYERS FL 33901 SANIBEL, FL  
33957

2. Principal Place of Business

21 937 E. GULF DR

Suite, Apt. #, etc.

22

23 SANIBEL, Florida

Zip Country

24 33957 25 Lee

2a. Mailing Address

26 937 E. GULF DR

Suite, Apt. #, etc.

27

28 SANIBEL, Florida

Zip Country

29 33957 30 Lee

9. Name and Address of Current Registered Agent

~~SHIELDS, CHRISTOPHER J~~  
~~937 E GULF DR~~  
~~SANIBEL FL 33957~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/02/1995

4. FEI Number

65-0561695

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

10. Name and Address of New Registered Agent

81 Name

VALLEE HAVERLEY

82 Street Address (P.O. Box Number is Not Acceptable)

937 EAST GULF DR.

83

84 City

SANIBEL SANIBEL FL

85 Zip Code

33957

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

Vallee Haverley

Vallee Haverley

4/21/99

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 DP ☐ DELETE

NAME MESSING, HOWARD  
STREET ADDRESS 1833 HENDRY ST. 937 E. GULF DR  
CITY-ST-ZIP FORT MYERS FL 33901 SANIBEL, FL 33957

TITLE DVST ☐ DELETE

NAME TRIVETT, ROBERT  
STREET ADDRESS 1833 HENDRY ST. 937 E. GULF DR  
CITY-ST-ZIP FORT MYERS FL 33901 SANIBEL, FL 33957

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

4/8/99

Date

941-472-0494

Daytime Phone #

CR2E034 (1/1/98)