FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9800005337

1, Corporation Name

HOBAN CONSTRUCTION, INC.

Apr 13, 1999 8:00 am Secretary of State

04-13-1999 90103 020 ***150.00



						[40] 40
Principal Place of Business Mailing Address						
300 GREYMON DRIVE 300 GREYMON DRIVE						
WEST PALM BEACH FL 33405		WEST PALM BEACH FL 33405				DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualifed
						01/16/1998
-9- Principal(P)	ace of Business	2a. Mailing Address	=====			4. FEI Number Applied For
<u> </u>	ace of busiless	 				65-0813790 Not Applicable
Suite, Apt.	# otc	Suite, Apt. #, etc.				\$8.75 Additional
	m, etc.	27				5. Certificate of Status Desired Fee Required
City & State		City & State				6. Election Campaign Financing 55.00 May Be
	5	28			Trust Fund Contribution Added to Fees	
Zip Country		Zip Country			8. This corporation owes the current year Intangible	
24	25	29	30	¬ ·		Personal Property Tax.
	9. Name and Address of Current		 			10. Name and Address of New Registered Agent
	e. maine and passage of wallens			81	Name	
GORDON, LEE B ESQ				89 Charl Address (D.O. Boy Niyashay is Not Assentable)		
350	ROYAL PALM WAY #403		82		Street Add	dress (P.O. Box Number is Not Acceptable)
PALM	M BEACH FL 33480		ŀ	83		The state of the s
			ļ			
				84	City	FI 85 Zip Code
44 53	to the of Continue 607 0502	and 607 1509 Florida Statute	e the al	2006	a-named cor	rogration submits this statement for the nurnose of changing its registered
office or n	egistered agent, or both, in the State of	i Fiorida. Such change was a	uthonzed	Dy 1	tne corporati	tion's board of directors. I hereby accept the appointment as registered
agent. I a	m familiar with, and accept the obligation	ons of, Section 607.0505, Flor	nda Statu	ites.	•	
SIGNATURE		and title if another lie (NOTE	Pagistared	Azon	t elanatura maule	ired when reinstating) DATE
12.	Signature, typed or printed name of registered agent. OFFICERS AND		13.	Ayanı	it signature requir	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	DELETE	1,1 111	lF	. [☐ Change ☐ Addition
NAME .	HOBAN, SEAMUS	—	1.2 NAME			
٠ ،	300 GREYMON DRIVE				ADDRESS	
STREET ADDRESS			1.3 ST		l	
CITY-ST-ZIP	D	[] DELETE	2.1 TIT	*****	1-217	☐ Change ☐ Additio
TITLE	T		1			
NAME	HOBAN, JANICE		2.2 NA			
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP			2.4 CI		T-ZIP	☐ Change ☐ Additio
TITLE		T) DETEIF	3.1 111			T cusude T vocation
NAME	•		3.2 NA			·
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP	a company and a		3.4. CI		T-ZIP	Clare Clare
TITLE		DELETE * "	4.1 111			Change Addition
NAME			4.2 N		1	
STREET ADDRESS			4.3 ST	REET	ADDRESS	•
CITY-\$T-ZIP	·		4.4 CF		T-ZIP	
TITLE		☐ DELETE	5.1 TT			☐ Change ☐ Additio
NAME	*		5.2 NA			
STREET ADDRESS	1		5.3 ST	REET	ADDRESS	. •
CITY-ST-ZIP		· · · — — — — — — — — — — — — — — — — —	5.4 CF		T-ZIP	
TITLE		☐ DELETE	6.1 717	LE		☐ Change ☐ Additio
NAME			6.2 NA	ME	·.	

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP