

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

DOCUMENT # S10969

(1)

1. Corporation Name

HOBBY NUT INC.

Principal Place of Business

12679 S. DIXIE HWY.
MIAMI FL 33156
US

Mailing Address

12679 SO. DIXIE HWY
MIAMI FL 33156
US

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 20 AM 10:59

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/06/1990		3a. Date of Last Report 08/23/1994	
4. FEI Number 65-0224113		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. 190.019 Florida Statutes ☐ Yes ☐ No			

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
RAY DONNA E. <i>SB 12679 SAME AS ABOVE</i> (12679) SO. DIXIE HWY. MIAMI FL 33156		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 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 *Donna E. Ray* (NOTE: Registered Agent signature required when re-electing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PO HOPKINS, CLARK L. 10370 S.W. 205 TERR MIAMI FL	1 1 TITLE 1 2 NAME 1 3 STREET ADDRESS 1 4 CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD RAY, DONNA E. 10370 S.W. 205 TERR MIAMI FL	2 1 TITLE 2 2 NAME 2 3 STREET ADDRESS 2 4 CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		3 1 TITLE 3 2 NAME 3 3 STREET ADDRESS 3 4 CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		6 1 TITLE 6 2 NAME 6 3 STREET ADDRESS 6 4 CITY - ST - ZIP	☐ Change ☐ Addition

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 110.07(3)(k), 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:

Donna E. Ray
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/13/95
(Date)

305-2359587
(Typed Name)