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FILED

Jan 20 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # F74004

(5)

1. Corporation Name

HANDS ON TRAINING, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

% THOMAS M. JOBES
3341 FOWLER STREET
FT. MYERS FL 33901

% THOMAS M. JOBES
3341 FOWLER STREET
FT. MYERS FL 33901

2. Principal Place of Business

2a. Mailing Address

21 4164 ERINDALE DR.

26 4164 ERINDALE DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 ~~4164 ERINDALE DR.~~

27

City & State

City & State

23 NORTH FORT MYERS FL

28 NORTH FORT MYERS FL

Zip

Country

Zip

Country

24 33903

25 LEE

29 33903

30 LEE

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

03/29/1982

4. FEI Number

59-2203747

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.



Yes



No

10. Name and Address of New Registered Agent

JOBES, THOMAS M.
3341 FOWLER STREET
FT. MYERS FL 33901

81 Name

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

83

4164 ERINDALE DR.

84 City

NORTH FORT MYERS FL

85 Zip Code

33903

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

THOMAS M. JOBES, PRESIDENT

JAN 6 - 1998

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE S ☐ DELETE

NAME
JOBES, LINDA E
STREET ADDRESS
4164 ERINDALE DR
CITY - ST - ZIP
N FT MYERS, FL 00000

TITLE P ☐ DELETE

NAME
JOBES, THOMAS M.
STREET ADDRESS
4164 ERINDALE DR
CITY - ST - ZIP
N. FT. MYERS FL

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

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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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.

SIGNATURE:

THOMAS M. JOBES

JAN 6 1998 841-277-9099

CR2E034 (10/97)