

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

FILED
Mar 27 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 # 458302

(7)

1. Corporation Name
HOPSON AND NICOLETTO, INC.



Principal Place of Business
547863
ORLANDO FL 32854

Mailing Address
547863
ORLANDO FL 32854

3. Date Incorporated or Qualified
07/22/1974

3a. Date of Last Report
04/02/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
59-1566271

Applied For
 Not Applicable

21. State, Apt. #, etc.

26. State, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22. City & State

27. City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

23. Zip

Country

28. Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

24.

25.

29.

30.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FLOWER, BRUCE W.
3319 MAGUIRE BLVD. SUITE 207
ORLANDO FLORIDA

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

(Signature of registered agent, if registered agent and title is applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PD
HOPSON, H. D.
26611 EAST COVE DRIVE
TAVARES FL

DELETE

1.1 TITLE

Change Addition

NAME

HOPSON, HELEN
26611 EAST COVE DRIVE
TAVARES FL

DELETE

2.1 TITLE

Change Addition

STREET ADDRESS

TAVARES FL

DELETE

1.3 STREET ADDRESS

CITY, ST, ZIP

TAVARES FL

DELETE

1.4 CITY-ST-ZIP

TITLE

D
HOPSON, HELEN
26611 EAST COVE DRIVE
TAVARES FL

DELETE

2.2 NAME

Change Addition

NAME

26611 EAST COVE DRIVE
TAVARES FL

DELETE

2.3 STREET ADDRESS

STREET ADDRESS

TAVARES FL

DELETE

2.4 CITY-ST-ZIP

CITY, ST, ZIP

TAVARES FL

DELETE

3.1 TITLE

Change Addition

TITLE

HOPSON, HELEN
26611 EAST COVE DRIVE
TAVARES FL

DELETE

3.2 NAME

Change Addition

NAME

26611 EAST COVE DRIVE
TAVARES FL

DELETE

3.3 STREET ADDRESS

STREET ADDRESS

TAVARES FL

DELETE

3.4 CITY-ST-ZIP

CITY, ST, ZIP

TAVARES FL

DELETE

4.1 TITLE

Change Addition

TITLE

HOPSON, HELEN
26611 EAST COVE DRIVE
TAVARES FL

DELETE

4.2 NAME

Change Addition

NAME

26611 EAST COVE DRIVE
TAVARES FL

DELETE

4.3 STREET ADDRESS

STREET ADDRESS

TAVARES FL

DELETE

4.4 CITY-ST-ZIP

CITY, ST, ZIP

TAVARES FL

DELETE

5.1 TITLE

Change Addition

TITLE

HOPSON, HELEN
26611 EAST COVE DRIVE
TAVARES FL

DELETE

5.2 NAME

Change Addition

NAME

26611 EAST COVE DRIVE
TAVARES FL

DELETE

5.3 STREET ADDRESS

STREET ADDRESS

TAVARES FL

DELETE

5.4 CITY-ST-ZIP

CITY, ST, ZIP

TAVARES FL

DELETE

6.1 TITLE

Change Addition

TITLE

HOPSON, HELEN
26611 EAST COVE DRIVE
TAVARES FL

DELETE

6.2 NAME

Change Addition

NAME

26611 EAST COVE DRIVE
TAVARES FL

DELETE

6.3 STREET ADDRESS

STREET ADDRESS

TAVARES FL

DELETE

6.4 CITY-ST-ZIP

CITY, ST, ZIP

TAVARES FL

DELETE

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 included 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 change or on the list with an address.

SIGNATURE:

H. D. Hopson
H. D. Hopson
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/97 **352-343-1704**
 Date Daytime Phone #

CR2E034 (9/96)