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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

(6)

HOPPING GREEN SAMS & SMITH PROFESSIONAL ASSOCIAT ION

Principal Place of Business

Mailing Address

**FILED** Jan 15 1998 8:00am Secretary of State



123 SOUTH CALHOUN STREET P. O. BOX 6526 TALLAHASSEE FL 32314-6526		123 South Calhoun Street P. O. Box 6526 Tallahassee FL 32314-6526		DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified  08/08/1979			
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	Applied For	_
21		26			58-1370391	Not Applica	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip 24	Country 25	Zip Country 30		,	This corporation owes or has paid the current year Intangible     Personal Property Tax due June 30.    Yes    No		
	9. Name and Address of Current	Registered Agent			<ol><li>Name and Address of New Registered</li></ol>	Agent	
ME	LSON, RICHARD D.		81	Name			
	3 South Calhoun St Llahassee FL 32301		82	Street A	ddress (P.O. Box Number is Not Acceptable)	· · · · · · · · · · · · · · · · · · ·	_
			83				_
			84	City	FL	85 Zip Code	
SIGNATURE	n Jamiliar with, and accept the obligat				corporation submits this statement for the purpose of cation's board of directors. I hereby accept the apparent of the purpose		_
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12	
TITLE	V	☐ DELETE	1,1 TITLE			Change Addit	ion
NAME	SAMS, GARY P.		1,2 NAME				1
STREET ADDRESS	123 SO. CALHOUN ST.		1.3 STREET	ADDRESS			
City-ST-ZIP	TALLAHASSEE FL		1.4 CITY-S	T-ZIP			
TITLE	p	☐ DELETE				Change Addit	ion
NAME	HOPPING, WADE L.		2.2 NAME	1			
STREET ADDRESS	123 SO. CALHOUN ST.		2.3 STREET				
CiTY-ST-ZIP	TALLAHASSEE FL S	☐ DELETE	2. 4 CITY - S	T-2:P		L Obsession L Laboration	
TITLE	BIBEAU, BRIAN H.		3.1 TITLE			Change Addit	.GN
NAME STREET ADDRESS	123 SOUTH CALHOUN ST		3.2 NAME 3.3 STREET	4000000			
CITY-ST-ZIP	TALLAHASSEE FL 32301		3,4. CiTY-S				
TITLE	V	☐ DELETE	4.1 TITLE	1-20		Change Additi	on
NAME	GREEN, WILLIAM H.	_	4. 2 NAME	1			
STREET ADDRESS	123 SO. CALHOUN ST.		4.3 STREET	ADDRESS			}
CITY-ST-ZIP	TALLAHASSEE FL		4.4 CITY-S				ĺ
TITLE	1	DELETE	5.1 TITLE			Change Additi	on
NAME	MELSON, RICHARD D.		5.2 NAME				į
STREET ADDRESS	123 SO. CALHOUN ST.		5.3 STREET	ADDRESS			Ì
C!TY - ST - ZIP	TALLAHASSEE FL		5.4 CITY - S	r-ZIP			
TITLE		☐ DELETE	6.1 TITLE			Change Additi	an
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET	ADDRESS			
CITY-ST-ZIP			64 CITY-ST	7-7IP			

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:

E FRICHARD D MELTON TREASURER

1/8/98

850-222-7500