2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2004 08:00 AM
Secretary of State

DOCUMENT # 632298

1. Entity Name
HOPPING GREEN & SAMS PROFESSIONAL ASSOCIATION

Principal Place of Business	Mailing Address
123 SOUTH CALHOUN STREET TALLAHASSEE, FL 32301	P. O. BOX 6526 TALLAHASSEE, FL 32314-6526

DO NOT WRITE IN THIS SPACE

03082004 No Chg-P CR2E034 (10/03)

4. FEI Number
58-1370391
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ALVES, JAMES S
123 SOUTH CALHOUN ST
TALLAHASSEE, FL 32301

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE James S. Alves, VP 3.15.04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000089848
03/16/04-80005-014 150.00

10. OFFICERS AND DIRECTORS

TITLE	V
NAME	SAMS, GARY P.
STREET ADDRESS	123 SO. CALHOUN ST.
CITY-ST-ZIP	TALLAHASSEE, FL
TITLE	P
NAME	CUNNINGHAM, PETER C
STREET ADDRESS	123 SO. CALHOUN ST.
CITY-ST-ZIP	TALLAHASSEE, FL 32301
TITLE	VAS
NAME	BIBEAU, BRIAN H.
STREET ADDRESS	123 SOUTH CALHOUN ST
CITY-ST-ZIP	TALLAHASSEE, FL 32301
TITLE	V
NAME	GREEN, WILLIAM H.
STREET ADDRESS	123 SO. CALHOUN ST.
CITY-ST-ZIP	TALLAHASSEE, FL
TITLE	V
NAME	MELSON, RICHARD D.
STREET ADDRESS	123 SO. CALHOUN ST.
CITY-ST-ZIP	TALLAHASSEE, FL
TITLE	V
NAME	ALVES, JANES S
STREET ADDRESS	123 S. CALHOUN ST.
CITY-ST-ZIP	TALLAHASSEE, FL 32301

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Gary K. Hunter, Jr. 3/15/04 850/222-7500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #