

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

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**Apr 16 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 828498 (6)
1. Corporation Name
H.P. HOOD & SONS, INC.



Principal Place of Business 500 RUTHERFORD AVE BOSTON MA 02129 US	Mailing Address C/O TREASURY DEPT 500 RUTHERFORD AVE BOSTON MA 02129-1644 US
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3. Date Incorporated or Qualified 08/15/1972	3a. Date of Last Report 02/07/1996
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2. Principal Place of Business 21 90 EVERETT AVE Suite, Apt #, etc. 22 SUITE 200 City & State 23 CHELSEA, MA Zip 24 02150	2a. Mailing Address 26 90 EVERETT AVE Suite, Apt #, etc. 27 SUITE 200 City & State 28 CHELSEA, MA Zip 29 02150	Country 25 USA Country 30 USA
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4. FEI Number 04-2507140	Applied For <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**PRENTICE-HALL CORPORATION SYSTEM, INC.
110 NORTH MAGNOLIA STREET
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE TD	<input type="checkbox"/> DELETE	1.1 TITLE TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SCHAEJBE, ROBERT, E		1.2 NAME THERESA M. BRESTEN	
STREET ADDRESS 60 NEWBURY ST		1.3 STREET ADDRESS 25 ZACHARY LANE	
CITY-ST-ZIP SOMERVILLE MA		1.4 CITY-ST-ZIP READING, MA 01867	
TITLE PD	<input type="checkbox"/> DELETE	2.1 TITLE PRESIDENT/DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KELLER, ROBERT, L		2.2 NAME JOHN A. KANEB	
STREET ADDRESS 2050 BAUSS ROAD		2.3 STREET ADDRESS 34 MASCONOMO ST.	
CITY-ST-ZIP EAST GREENVILLE PA		2.4 CITY-ST-ZIP MANCHESTER, MA 01944	
TITLE SD	<input type="checkbox"/> DELETE	3.1 TITLE SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BRAKE, PAMELA D.		3.2 NAME	
STREET ADDRESS 46 STETSON ROAD		3.3 STREET ADDRESS	
CITY-ST-ZIP NORWELL MA		3.4 CITY-ST-ZIP	
TITLE AT	<input type="checkbox"/> DELETE	4.1 TITLE DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BRESTEN, THERESA M		4.2 NAME GARY KANEB	
STREET ADDRESS 11 LINDA RD		4.3 STREET ADDRESS 12 SMITH'S POINT RD	
CITY-ST-ZIP WAKEFIELD MA		4.4 CITY-ST-ZIP MANCHESTER, MA 01944	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME STEPHEN KANEB	
STREET ADDRESS		5.3 STREET ADDRESS 72 HIGHLAND RD	
CITY-ST-ZIP		5.4 CITY-ST-ZIP SOUTH HAMPTON, NH 03827	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 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: _____ **SIGNATURE REQUIRED** **THERESA M. BRESTEN** _____ **(617) 887-3000**
Date _____ Daytime Phone # 0000484

CR2E034 (9/96)