

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

**FILED**  
**May 06, 1999 8:00 am**  
**Secretary of State**

05-06-1999 90297 003 \*\*\*300.00

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PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 828498**

1. Corporation Name  
**H.P. HOOD & SONS, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**90 EVERETT AVE  
 SUITE 200  
 CHELSEA MA 02150  
 US**

Mailing Address  
**500 RUTHERFORD AVE  
 CHELSEA MA 02129  
 US**

3. Date Incorporated or Qualified  
**08/15/1972**

4. FEI Number  
**04-2507140**

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

6. Election Campaign Financing  **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business  
**21** Suite, Apt. #, etc.  
**22** City & State  
**23** Zip Country  
**24** **25** **26** **27** **28** **29** **30**

2a. Mailing Address  
**26** **90 EVERETT AVE**  
**27** **SUITE 200**  
**28** **CHELSEA, MA**  
**29** **02150** **30**

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	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BRESTEN, THERESA</b>	1.2 NAME	
STREET ADDRESS	<b>25 ZACHARY LANE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>READING MA</b>	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PD KANE, JOHN A.</b>	2.2 NAME	
STREET ADDRESS	<b>34 MASCONOMO ST</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MANCHESTER MA</b>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>S GANEK, MARC E</b>	3.2 NAME	
STREET ADDRESS	<b>7 ZAMBOM TERR</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ANDOVER MA 01812</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D KANE, GARY</b>	4.2 NAME	
STREET ADDRESS	<b>12 SMITH'S POINT RD</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MANCHESTER 01</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D KANE, STEPHEN</b>	5.2 NAME	
STREET ADDRESS	<b>72 HIGHLAND RD</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SOUTH HAMPTON NH</b>	5.4 CITY-ST-ZIP	
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 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, with all other like empowered.

SIGNATURE: *Theresa M Bresten* **4-27-99** **617-887-3000**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)