FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
Division of Corporations

APPROVED AND FILED
95 MAY -1 PM 1:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000062566 (3)

1. Corporate Name
HOPS OF THE MIDSOUTH, INC.

Principal Place of Business	Mailing Address
3030 NORTH ROCKY POINT DRIVE WEST SUITE 650 TAMPA FL 33607	3030 NORTH ROCKY POINT DRIVE WEST SUITE 650 TAMPA FL 33607

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/08/1993
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: 59-3205800 — Applied For / Not Applicable
Suite, Apt. #, etc. (22) / Suite, Apt. #, etc. (27)
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
City & State (23) / City & State (28)
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
Zip (24) / County (25) / Zip (29) / County (30)
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

FOWLER WHITE GILLEN BOGGS VILLAREAL BANKER
501 E. KENNEDY BLVD.
SUITE 1700 (ATTN: R. ALAN HIGBEE)
TAMPA FL 33602

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 Section 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(S)

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
11 TITLE: D 12 NAME: MASON, DAVID L 13 STREET ADDRESS: 168 HARBORAGE COURT 14 CITY, ST, ZIP: CLEARWATER FL 34630	☒ Change ☐ Addition 3055 TURTLE BROOK CLEARWATER, FL 34621
21 TITLE: D 22 NAME: SCHELLDORF, THOMAS A 23 STREET ADDRESS: 170 GREENHAVEN CIRCLE 24 CITY, ST, ZIP: OLDSMAR FL 34677	☐ Change ☐ Addition
31 TITLE: 32 NAME: 33 STREET ADDRESS: 34 CITY, ST, ZIP:	☐ Change ☐ Addition
41 TITLE: 42 NAME: 43 STREET ADDRESS: 44 CITY, ST, ZIP:	☐ Change ☐ Addition
51 TITLE: 52 NAME: 53 STREET ADDRESS: 54 CITY, ST, ZIP:	☐ Change ☐ Addition
61 TITLE: 62 NAME: 63 STREET ADDRESS: 64 CITY, ST, ZIP:	☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 added by an attachment with an address.

SIGNATURE: Thomas A Schelldorf — 4-28-95 — (813) 282-9350
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0202960 CP