

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 286785

(1)

1. Corporation Name

HAP'S ENTERPRISES, INC.



Principal Place of Business

1225 SO 78TH STREET
TAMPA FL 33619
US

Mailing Address

~~6518 KING PALM WY
APOLLO BCH FL 33572
US~~

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

10/01/1964

3a. Date of Last Report

02/14/1995

4. FET Number

59-1415032

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

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

Signature, typed or printed name of registered agent and the corporation

(NOTE: Registered Agent's signature required when filing this statement)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☒ DELETE

NAME PILLER, CONRAD C.
STREET ADDRESS 6518 KING PALM WAY
CITY-STATE-ZIP APOLLO BCH FL

TITLE ST ☒ DELETE

NAME PILLER, ADELL G.
STREET ADDRESS 6518 KING PALM WAY
CITY-STATE-ZIP APOLLO BCH FL

TITLE VP ☒ DELETE

NAME PILLER, WAYNE
STREET ADDRESS 6518 KING PALM WAY
CITY-STATE-ZIP APOLLO BCH FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☒ Change ☐ Addition

1.2 NAME Conrad C. Piller
1.3 STREET ADDRESS 8845 W Millpoint Rd
1.4 CITY-STATE-ZIP Riverview FL 33569

2.1 TITLE ST ☒ Change ☐ Addition

2.2 NAME Adell G. Piller
2.3 STREET ADDRESS 8845 W Millpoint Rd
2.4 CITY-STATE-ZIP Riverview FL 33569

3.1 TITLE VP ☒ Change ☐ Addition

3.2 NAME Wayne R. Piller
3.3 STREET ADDRESS 8845 W Millpoint Rd
3.4 CITY-STATE-ZIP Riverview FL 33569

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

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)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 30/1996 471-7055

CR2E034 (12/95)