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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 346677 (8)

1. Corporation Name

HOOPER PROPERTIES, INC.

Principal Place of Business

1517 N. COCOA BLVD.
P.O. BOX 580
COCOA FL 32923
US

Mailing Address

PO BOX 580
P.O. BOX 580
COCOA FL 32923
US

2. Principal Place of Business

21 1521 N. Cocoa Blvd

22 Suite, Apt #, etc.

23 City & State

Cocoa FL

24 Zip 32922

25 Country USA

2a. Mailing Address

26 P.O. Box 580

27 Suite, Apt #, etc.

28 City & State

Cocoa FL

29 Zip 32923

30 Country USA

3. Date Incorporated or Qualified
05/22/1969

3a. Date of Last Report
05/01/1995

4. FEI Number

59-1447134

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

9. Name and Address of Current Registered Agent

HOOPER, KIM B
1513 N. COCOA BLVD
P.O. BOX 580
COCOA FL 32922

10. Name and Address of New Registered Agent

81 Name Hooper, Kevin S.

82 Street Address (P.O. Box number is Not Acceptable)
1521 N. Cocoa Blvd.

83

84 City Cocoa

FL

85 Zip Code 32922

11. Pursuant to the provisions of Sections 607.0602 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 607.0602, Florida Statutes.

SIGNATURE Kevin S Hooper, PMT

Kevin S. Hooper

8/20/96

12. OFFICERS AND DIRECTORS

TITLE PMT ☐ DELETE

NAME HOOPER KIM B.
STREET ADDRESS 1513 N COCOA BLVD.
CITY-ST-ZIP COCOA FL

TITLE VPSP ☐ DELETE

NAME HOOPER KEVIN S.
STREET ADDRESS 1513 N. COCOA BLVD.
CITY-ST-ZIP COCOA FL

TITLE D ☐ DELETE

NAME HOOPER JAMIE W.
STREET ADDRESS 1513 N. COCOA BLVD
CITY-ST-ZIP COCOA FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PMT ☒ Change ☐ Addition

1.2 NAME Hooper, Kevin S.
1.3 STREET ADDRESS 1521 N. Cocoa Blvd.
1.4 CITY-ST-ZIP Cocoa, FL

2.1 TITLE VPSP ☒ Change ☐ Addition

2.2 NAME Hooper, Kim B.
2.3 STREET ADDRESS 1521 N. COCOA BLVD
2.4 CITY-ST-ZIP COCOA FL

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME ~~Hooper, Jamie W.~~

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-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

8/20/96 (407) 853-9226

CR2E034 (12/95)