

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Division of Corporations
Tallahassee, Florida 32399-0001

APPROVED
AND
FILED

95 MAR -1 PM 4:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 444275

(2)

1. Corporation Name

HOPE/JOLLY & ASSOCIATES INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
824 S.E. 9TH ST 824 S.E. 9TH ST
DEERFIELD BEACH FL 33441 DEERFIELD BEACH FL 33441

3. Date Incorporated or Qualified 01/17/1974 3a. Date of Last Report 01/21/1994

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

4. FEI Number 59-1565732 Applied For Not Applicable

22 City & State 27 City & State

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

23 Zip 28 Zip

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 Country 25 Country 29 Country 30 Country

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HOPE, RUSSELL
4922 NW 76TH PL
POMPANO BEACH FL 33073

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 607.0602 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 607.0505, Florida Statutes.

SIGNATURE

Signature of the registered agent and the filer (if applicable)

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME HOPE, RUSSELL E.
STREET ADDRESS 4922 N.W. 76TH PL.
CITY, ST, ZIP POMPANO BEACH FL
TITLE STD
NAME JOLLY, WILLIAM E.
STREET ADDRESS 2120 N. 46TH AVE.
CITY, ST, ZIP HOLLYWOOD FL
TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
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, the filer, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.032(9)(b), Florida Statutes. I further certify that the information included 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. If 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 on Block 12 or Block 13, I have changed, or on an attached report with an address.

SIGNATURE

William E. Jolly
WILLIAM E. JOLLY
REGISTERED AND FILED FOR PUBLIC NAME OF REGISTERED OFFICER OR DIRECTOR

02/20/95

(305) 426-6644