

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **470246** (0)

1. Corporation Name

RONALD T. HOPWOOD, INC.



Principal Place of Business

**7373 CIRCLE DRIVE
LADY LAKE FL 32159**

Mailing Address

**7373 CIRCLE DRIVE
LADY LAKE FL 32159**

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SUMMERS, GARY
380 W. ALFRED STREET
TAVARES FL 32778**

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 607.1518, 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. Thereby, accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

(Print name and title of the person signing this statement)

(Print the title of the person signing this statement)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

TITLE	P	<input type="checkbox"/> DELETE
NAME	HOPWOOD, RONALD T.	
STREET ADDRESS	7373 CIRCLE DRIVE	
CITY-STATE-ZIP	LADY LAKE FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	HOPWOOD, SARA E.	
STREET ADDRESS	7373 CIRCLE DRIVE	
CITY-STATE-ZIP	LADY LAKE FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	HOPWOOD, CAROL A.	
STREET ADDRESS	37 IDAHO AVENUE	
CITY-STATE-ZIP	WHITEFISH MT	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HOPWOOD, ROBERT S.	
STREET ADDRESS	7373 CIRCLE DRIVE	
CITY-STATE-ZIP	LADY LAKE, FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HOPWOOD, THOMAS A.	
STREET ADDRESS	MAIN AVE	
CITY-STATE-ZIP	OKAHUMPKA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-STATE-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-STATE-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-STATE-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-STATE-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-STATE-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and I do 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: *Ronald T. Hopwood* **RONALD T HOPWOOD** 4/9/96 (35) 763-2471
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)