

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 # 679743

(5)

1. Corporation Name

3801, INC.

Principal Place of Business

3801 16TH STREET NORTH
ST. PETERSBURG FL 33703

Mailing Address

3801 16TH STREET NORTH
ST. PETERSBURG FL 33703



3. Date Incorporated or Qualified

07/24/1980

3a. Date of Last Report

03/28/1995

4. FEI Number

59-2080562

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HOFFMAN, PHILLIP
3801-16TH ST., N.
ST. PETERSBURG FL 33702

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 date of signature

(NOTE: Registered Agent Signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY- ST- ZIP
P
HOFFMAN, PHILLIP
5950 PELICAN PLZ., S.#904
GULFPORT FL

11. TITLE
12. NAME
13. STREET ADDRESS
14. CITY- ST- ZIP

TITLE ☐ DELETE

☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY- ST- ZIP
ST
HOFFMAN, DONNA
5950 PELICAN PLZ., S.#904
GULFPORT FL

21. TITLE
22. NAME
23. STREET ADDRESS
24. CITY- ST- ZIP

TITLE ☐ DELETE

☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY- ST- ZIP
V
HOFFMAN, BRIAN
2549 FOREST PKWY N
LARGO FL

31. TITLE
32. NAME
33. STREET ADDRESS
34. CITY- ST- ZIP

TITLE ☐ DELETE

☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY- ST- ZIP

41. TITLE
42. NAME
43. STREET ADDRESS
44. CITY- ST- ZIP

TITLE ☐ DELETE

☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY- ST- ZIP

51. TITLE
52. NAME
53. STREET ADDRESS
54. CITY- ST- ZIP

TITLE ☐ DELETE

☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY- ST- ZIP

61. TITLE
62. NAME
63. STREET ADDRESS
64. 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 unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Phillip Hoffman

PHILLIP E. HOFFMAN President 4.24.96 813-522-5222

Daytime Phone #

CR2E034 (12/95)