

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90297 003 ***300.00

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PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 828498

1. Corporation Name
H.P. HOOD & SONS, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
 90 EVERETT AVE
 SUITE 200
 CHELSEA MA 02150
 US

Mailing Address
 500 RUTHERFORD AVE
 CHELSEA MA 02129
 US

3. Date Incorporated or Qualified
08/15/1972

4. FEI Number
04-2507140

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

6. Election Campaign Financing **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
 21
 Suite, Apt. #, etc.
 22
 City & State
 23
 Zip Country
 24

2a. Mailing Address
 26 **90 EVERETT AVE**
 Suite, Apt. #, etc.
 27 **SUITE 200**
 City & State
 28 **CHELSEA, MA**
 Zip Country
 29 **02150** 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PRENTICE-HALL CORPORATION SYSTEM, INC.
 110 NORTH MAGNOLIA STREET
 TALLAHASSEE FL 32301

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	T	<input type="checkbox"/> DELETE
NAME	BRESTEN, THERESA	
STREET ADDRESS	25 ZACHARY LANE	
CITY-ST-ZIP	READING MA	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	KANE, JOHN A.	
STREET ADDRESS	34 MASCONOMO ST	
CITY-ST-ZIP	MANCHESTER MA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	GANEK, MARC E	
STREET ADDRESS	7 ZAMBOM TERR	
CITY-ST-ZIP	ANDOVER MA 01812	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KANE, GARY	
STREET ADDRESS	12 SMITH'S POINT RD	
CITY-ST-ZIP	MANCHESTER 01	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KANE, STEPHEN	
STREET ADDRESS	72 HIGHLAND RD	
CITY-ST-ZIP	SOUTH HAMPTON NH	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: Theresa M. Bresten 4-27-99 617-887-3000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)