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

Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Apr 29 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (1)K61260 GEORGE W. HOOPER, INC. Principal Place of Business Mailing Address C/O GEORGE W. HOOPER C/O GEORGE W. HOOPER 9122 SW 206 CT RD 9122 SW 206 CT RD **DUNNELLON FL 34431 DUNNELLON FL: 34431** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/26/1989 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2927721 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees 23 28 Trust Fund Contribution Zip Zip Country Country 8. This corporation owes or has paid the current year Intangible ☐ Yes 29 Personal Property Tax due June 30, 24 25 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent HOOPER, GEORGE W. 9122 SW 206 CT RD 82 Street Address (P.O. Box Number is Not Acceptable) **DUNNELLON FL 34431** 83 Zip Code 85 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 title if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.1 TITLE HOOPER, GEORGE W. NAME 1.2 NAME 9122 SW 206 CT RD STREET ADDRESS 1.3 STREET ADDRESS **DUNNELLON FL** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE 2.1 TITLE Change Addition TITLE HOOPER, SHIRLEY D. NAME 2.2 NAME 9122 SW 206 CT RD 23 STREET ADDRESS STREET ADDRESS **DUNNELLON FL** 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change TITLE 3.1 TITLE Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE 4.2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change ___ Addition TITLE 6.1 TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

4-22-98

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