

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

93 MAY -1 PM 1:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K62070 (3)

1. Corporation Name

HOPS GRILL & BREWERY, INC.

Principal Place of Business

18820 US HWY. 19 N.
CLEARWATER FL 34624
US

Mailing Address

3030 N. ROCKY POINT DR. W.
SUITE 650
TAMPA FL 33607

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/30/1989

3a. Date of Last Report

05/01/1994

4. FCI Number

59-2951598

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for delinquency fee under 2019.13, Florida Statutes

☒ Yes

☐ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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City & State

City & State

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DENHARDT, JAMES W.
2700 FIRST AVENUE NORTH
ST. PETERSBURG FL**

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 607.01(1)(b) and 607.14(3)(b) Florida Statutes, the above named corporation, submits this statement for the purpose of changing its registered office or registered agent. If 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 hereby accepting the appointment as registered agent, Florida Statutes.

SIGNATURE

Signature of Current Registered Agent

Signature of New Registered Agent

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME

**DPS
MASON, DAVID
168 HARBORAGE COURT
CLEARWATER BEACH FL**

1. NAME

**3055 TURTLE BROOK
CLEARWATER, FL 34621**

2. STREET ADDRESS

2. STREET ADDRESS

3. CITY, STATE, ZIP

3. CITY, STATE, ZIP

4. NAME

**DVT
SCHELLDORF, TOM
170 GREENHAVEN CR
OLDSMAR FL**

4. NAME

4. NAME

5. STREET ADDRESS

5. STREET ADDRESS

6. CITY, STATE, ZIP

6. CITY, STATE, ZIP

7. NAME

7. NAME

7. NAME

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29. STREET ADDRESS

30. CITY, STATE, ZIP

30. CITY, STATE, ZIP

14. I hereby certify that the information supplied with this report is voluntarily furnished and true and exactly for the information stated in Sections 607.01(1)(b) and 607.14(3)(b) Florida Statutes. I further certify that the information is correct in the annual report or supplemental annual report, true and accurate, and that my position shall have the same as the officer and director of the corporation. I am hereby accepting the appointment as registered agent, Florida Statutes, and that my name appears in the list of officers and directors of the corporation as attached with an address.

SIGNATURE:

Thomas A. Schelldorf
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-95

(813) 282-9350