## 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

K62070 DOCUMENT #

(3)

Corporation Name

HOPS GRILL & BREWERY, INC.

HOPS GRILL & BREWERY, INC.							
Principa! Place o	of Business	Mailing Address					
18820 US HWY. 19 N. 3030 N. ROCKY POINT DR			R. W.				
CLEARWATER F	EL 34624	Suite 650 Tampa Fl 33607			The Breat Board		
US		IMMENTE COOP			3. Date incorporated or Qualified 01/30/1989	3a. Date of Last Report 05/01/1995	
					4. FEI Number	Applied For	
2. Principal Plac	ce of Business	2a. Mailing Address			59-2951598	Not Applicable	
21		Suite Apt. #. etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
Suite, Apt. #, etc.		27			5. Certificate of Gradus Excelled	- ree Required	
City & State		City & State	City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28	r- · · - · - · - · - · - · - · · · ·		Trust Fund Contribution  8. This corporation has liability for it	Augeo to rees	
Zip	Country	Zφ	Country		8. This corporation has liability for li	□ No	
24	25	29	30		10. Name and Address of New R	egistered Agent	
	9. Name and Address of Curren	it Registered Agent	81	Name			
THE POOC TO A				B2 Street Address (P.O. Box Number is Not Acceptable)			
FOWLER,	WHITE, GILLEN, BOGGS, ET A	ıL.	82	Street Ador	ess (F.O. BOX Namber 13 Not Proception		
Alin: H.	ALAN HIGBEE		83				
501 EAST KENNEDY BLVD., SUITE 1700 TAMPA FL 33602			84	94 City			
1	<del>-</del>		1 1	City	ration submits this statement for the pur and of directors. Thereby accept the app	FL   T	
or register familiar wit SIGNATURE	ed agent, or both, in the state of Flori h, and accept the obligations of Section and Sec	tion 637,0505, Florida Statutes.	F 13.			[IA]E	
12.	DPS CERICERS AN	DSI ETE	1 1 11116			Change Addition	
THE	MASON, DAVID L	<u></u>	1.2 NAME	1		•	
NAME STREET ADDRESS	3055 TURTLE BROOK		13 STREET A	13 SIREFI ADDRESS 3055 Turtle Brooke 14 CITY-ST-JP CLEYEWATER, A. 34621		<i>ا</i> د	
CITY-ST-2IP	CLEARWATER FL		14 CHY-ST	71P C	LEARWATEL, GL. 3462	Change Addition	
THTLE	DVT	ED 65: CH			Change Addition		
NAME	SCHELLDORF, THOMAS A		2.2 NAME				
STREET ADDRESS	170 GREENHAVEN CIRCLE		2.3 STREET A	ADDRESS			
CITY-ST-ZIF	OLDSMAR FL 34677		24 CITY - ST	-2IP		Change Addition	
TITLE		DELETE	3 1 TITLE				
NAME			3.2 NAME 3.3 STREET	ADDRESS			
STREET ADDRESS			3.4 City-St				
CITY-ST-ZIP		DELETE	4 1 1/11			Change Addition	
TITLE		□ •····	4.2 NAME				
NAME PROSES APORESC			43 STATET	AUDRESS			
STREET ADORESS			4 4 City - S	1 ZIP		THE COLUMN TWO IS NOT	
CITY-ST-ZIP TITLE		☐ DELETE	5 1 THE	;	0000017 -04/22/9601	885209 Addition	
NAME			5.2 NAME	, }	-04/22/9601	032019	
STREET ADDRESS			53 STREET	ADDRESS	***200.00		
CITY-ST-ZIP			54 CITY S	I - ZIP		Change Addition	
TITLE		☐ DELETE	6 1 TITLE	1		<del>-</del>	
NAME			62 NAME	ì		$> u_{n0}$	

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 certify 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

6.3 STHEFT ADDRESS

6.4.0ITY - \$1 - ZIP

STREET ADDRESS

David L. Monor
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOLLA L. MASON

X 4-11-96 X 813-282-9350