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FILED
May 13 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # L33058

(3)

1. Corporation Name

HOPS MARKETING, INC.

Principal Place of Business

3030 N ROCKY POINT DR WEST
SUITE 650
TAMPA FL 33607
US

Mailing Address

3030 N ROCKY POINT DR W
SUITE 650
TAMPA FL 33607-5906
US

3. Date Incorporated or Qualified
11/27/1989

3a. Date of Last Report
04/20/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number
59-2995842

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 intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

FOWLER WHITE GILLAN BOGGS VILLAREAL AND BA
NKER, P.A., ATTN: R. ALAN HIGBEE
501 E. KENNEDY BLVD., SUITE 1700
TAMPA FL 33602

10. Name and Address of New Registered Agent

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME MASON, DAVID L.
STREET ADDRESS 3055 TURTLE BROOKE
CITY-ST-ZIP CLEARWATER FL

TITLE D ☐ DELETE
NAME SCHELLDORF, THOMAS A.
STREET ADDRESS 170 GREENHAVEN CR
CITY-ST-ZIP OLDSMAR FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE DV ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE VTSD ☐ Change ☒ Addition
3.2 NAME TERENCE M. TERENCE
3.3 STREET ADDRESS 3030 N. ROCKY POINT DR. WEST, SUITE 650
3.4 CITY-ST-ZIP TAMPA, FL 33607

4.1 TITLE D ☐ Change ☒ Addition
4.2 NAME TOM E. DUPREE, JR.
4.3 STREET ADDRESS 3030 N. ROCKY POINT DR. WEST, SUITE 650
4.4 CITY-ST-ZIP TAMPA, FL 33607

5.1 TITLE D ☐ Change ☒ Addition
5.2 NAME KIRK KINSELL
5.3 STREET ADDRESS 3030 N. ROCKY POINT DR. WEST, SUITE 650
5.4 CITY-ST-ZIP TAMPA, FL 33607

6.1 TITLE D ☐ Change ☒ Addition
6.2 NAME ERICH J. BOOTH
6.3 STREET ADDRESS 3030 N. ROCKY POINT DR. WEST, SUITE 650
6.4 CITY-ST-ZIP TAMPA, FL 33607

14. I do 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 or on an attachment with an address.

SIGNATURE: *Terence Terenzi*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/97
Date

X 813-282-9350
Daytime Phone #

CR2E034 (9/96)