## 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

P92000007321 (2) DOCUMENT #

1. Corporation Name

HOPS OF NORTHEAST FLORIDA, INC.



	MONTHEROT TECHNOTA								
Principal Place of	Business	Mailing Address	·			i lätitbét biå lätig itatt aden dann a	(8)		, <b>0</b> , ,, <b>0</b> , , <b>0</b>
•	POINT DRIVE. WEST	3030 N ROCKY POINT ( SUITE 650	DR W						
TAMPA FL 33607 US		TAMPA FL 33607 US		3. Date incorporated or Qualified 11/23/1992 3a. Date of Last Report 05/01/1995					
2. Principal Place	o of Business	2a. Mailing Address	·			4. FEI Number	<u> </u>		oplied For
E. FIIIICIPAI TIACI	C C Eddinood	26				59-3156749			ot Applicable
Suite, Apt #.	etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional equired
		27				6. Flection Campaign Financing			May Be
City & State		City & State				Trust Fund Contribution		•	to Fees
<u> </u>	Country	<b>28</b>	T Cou	intry		8. This corporation has liability for	intangible tax	under s 1	99.032.
Zip 1	Country	29	30	-		Florida Statutes X Yes	□ No		
	9. Name and Address of Currer			L.		10. Name and Address of New F	Registered A	gent	
				81	Name				
HIGBEE, R. ALAN				82	Street Addre	et Address (P.O. Box Number is Not Acceptable)			
% FOWLER WHITE GILLEN BOGGS VILLAREAL									
501 EAST	KENNEDY BLVD., SUITE 1700	)		83				, <del></del>	
TAMPA FL	. 33602			84	City		FL	<b>85</b>   Zip	Code
familiar with	i, and accept the obligations or, sec	(0) 007,0000, Hondit Oktober	<u>.</u>	a Age.	al signal प्रशासकारण स्थाप	ation submits this statement for the put d of directors. I hereby accept the app two missing.  ADDITIONS/CHANGES 10 OF	DATE HCERS AND	DIRECTO	RS IN 12
TITLE	DPS	DELETE	1.1	TITLE			,2	Change	Addition
NAME	MASON, DAVID L		121	NAME					
STREET ADDRESS	3055 TURTLE BROOK		133	STREE	I ADDRESS 3	055 Turtle Brook LEARWATER, FL. 346	<u>و</u> _		
CITY - ST - ZIP	CLEARWATER FL			CITY -		CRAKWATER I PL 346	17.4		nc fibbA [
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!	ACCURATION THOUSANDS	DELETE	1	TITLE				] Change	
NAME	SCHELLDORF, THOMAS A	☐ DELETE	221	NAME				] Change	
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certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statute 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 Statute 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 Statute 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 Statute 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 Statute oath; that I am an officer or director of the corporation or the receiver of the rece

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-96