SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUL 24 AM 10: 06

DOCUMENT # P93000002743 (1)

1. Corporation Name

HOPPER'S GARAGE PRODUCTS, INC.

Principal Place of Business	Mailing Address
4509 BAYWOOD DR. LYNN HAVEN FL 32444	4509 BAYWOOD DR. LYNN HAVEN FL 32444

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/07/1993
3a. Date of Last Report: 10/05/1994

2. Principal Place of Business: 21 103 Peachtree Dr
Suite, Apt. #, etc. 22
City & State 23 Lynn Haven FL
Zip 24 32444 Country 25 USA

2a. Mailing Address: 26 103 Peachtree Dr
Suite, Apt. #, etc. 27
City & State 28 Lynn Haven FL
Zip 29 32444 Country 30

4. FEI Number: 59-3246838 ☐ 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

HOPPER, DAVID L
4509 BAYWOOD DR.
LYNN HAVEN FL 32444

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 103 Peachtree Dr
83
84 City Lynn Haven FL 85 Zip Code 32444

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	PD	11 TITLE	PD ☒ Change ☐ Addition
NAME	HOPPER, DAVID L	12 NAME	
STREET ADDRESS	4509 BAYWOOD DR.	13 STREET ADDRESS	103 Peachtree Dr
CITY ST ZIP	LYNN HAVEN FL 32444	14 CITY ST ZIP	Lynn Haven FL 32444
TITLE	STD	21 TITLE	STD ☒ Change ☐ Addition
NAME	HOPPER, SUZANNE J	22 NAME	
STREET ADDRESS	4509 BAYWOOD DR.	23 STREET ADDRESS	103 Peachtree Dr
CITY ST ZIP	LYNN HAVEN FL 32444	24 CITY ST ZIP	Lynn Haven FL 32444
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

CR2E034 (3/95)

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 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 if changed, or on an attachment with an address.

SIGNATURE: Suzanne J. Hopper 7-18-95 904/271 3900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0006764 CP