FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 1:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000014724 (7)**

1. Corporation Name

HOPS OF ST. PETERSBURG, INC.

Principal Place of Business	Mailing Address
3030 NORTH ROCKY POINT DRIVE WEST SUITE 650 TAMPA FL 33607	3030 NORTH ROCKY POINT DRIVE WEST SUITE 650 TAMPA FL 33607

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
02/17/1993	05/01/1994

2. Principal Place of Business (21)	2a. Mailing Address (26)	4. FEI Number: 59-3171597	Applied For / Not Applicable
Suite, Apt. # etc. (22)	Suite, Apt. # etc. (27)	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State (23)	City & State (28)	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip (24) / County (25)	Zip (29) / County (30)	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No	

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 607.1502 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: (Registered Agent signature required when applicable) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1 TITLE	D	1 TITLE	☒ Change ☐ Addition
1 NAME	MASON, DAVID L	1 NAME	
1 STREET ADDRESS	168 HARBORAGE COURT	1 STREET ADDRESS	3055 TURTLE BROOK
1 CITY-ST-ZIP	CLEARWATER FL 34630	1 CITY-ST-ZIP	CLEARWATER, FL 34621
2 TITLE	D	2 TITLE	☐ Change ☐ Addition
2 NAME	SCHELLDORF, THOMAS A	2 NAME	
2 STREET ADDRESS	170 GREENHAVEN CIRCLE	2 STREET ADDRESS	
2 CITY-ST-ZIP	OLDSMAR FL 34677	2 CITY-ST-ZIP	
3 TITLE		3 TITLE	☐ Change ☐ Addition
3 NAME		3 NAME	
3 STREET ADDRESS		3 STREET ADDRESS	
3 CITY-ST-ZIP		3 CITY-ST-ZIP	
4 TITLE		4 TITLE	☐ Change ☐ Addition
4 NAME		4 NAME	
4 STREET ADDRESS		4 STREET ADDRESS	
4 CITY-ST-ZIP		4 CITY-ST-ZIP	
5 TITLE		5 TITLE	☐ Change ☐ Addition
5 NAME		5 NAME	
5 STREET ADDRESS		5 STREET ADDRESS	
5 CITY-ST-ZIP		5 CITY-ST-ZIP	
6 TITLE		6 TITLE	☐ Change ☐ Addition
6 NAME		6 NAME	
6 STREET ADDRESS		6 STREET ADDRESS	
6 CITY-ST-ZIP		6 CITY-ST-ZIP	

14. To the best of my knowledge, the information supplied with this filing is substantially complete and does not qualify for the exemptions 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 (if changed) above or on an attachment with an additional

SIGNATURE: Thomas A Schelldorf 4-30-95 (813) 282-9350

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0292002 CP