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 # **P93000039396 (5)**

1. Corporation Name
HOPS OF LAKELAND, INC.

Principal Place of Business	Mailing Address
4820 S. FLA. AVE. SUITE 650 LAKELAND FL 33813	3030 N. ROCKY POINT DR. W. SUITE 650 TAMPA FL 33607

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business — 21 ; Suite, Apt. #, etc. — 22 ; City & State — 23 ; Zip — 24 ; Country — 25
2a. Mailing Address — 26 ; Suite, Apt. #, etc. — 27 ; City & State — 28 ; Zip — 29 ; Country — 30

3. Date Incorporated or Qualified: 05/27/1993
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3186992 ☐ 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

DENHARDT, JAMES W
2700 FIRST AVENUE NORTH
ST. PETERSBURG FL

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 ______ DATE ______

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

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(1)(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, or on an attachment with an address.

SIGNATURE: Thomas A Schelldorf
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-95
Date

(813) 282-9350
Daytime Phone #

0202000 CP