

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

DOCUMENT # P93000039396 (5)

1. Corporation Name

HOPS PARTNERS II, INC.

Principal Place of Business

4820 S. FLA. AVE.
SUITE 650
LAKELAND FL 33813

Mailing Address

3030 N. ROCKY POINT DR. W.
SUITE 650
TAMPA FL 33607



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

05/27/1993

3a. Date of Last Report

05/01/1995

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

10. Name and Address of New Registered Agent

FOWLER, WHITE, GILLEN, BOGGS, ET AL.
ATTN: R. ALAN HIGBEE
501 EAST KENNEDY BOULEVARD, SUITE 1700
TAMPA FL 33602

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 the Florida Department of State

(If the Registered Agent Signature is provided, the corporation is not required to file this statement.)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
D MASON, DAVID L
STREET ADDRESS
3055 TURTLE BROOK
CITY-ST-ZIP
CLEARWATER FL

TITLE ☐ DELETE

NAME
D SCHELLDORF, THOMAS A
STREET ADDRESS
170 GREENHAVEN CIRCLE
CITY-ST-ZIP
OLDSMAR FL 34677

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

☒ Change ☐ Addition

1 NAME
12 STREET ADDRESS
14 CITY-ST-ZIP

3055 Turtle Brooke
CLEARWATER, FL. 34621

2 NAME
22 STREET ADDRESS
24 CITY-ST-ZIP

3 NAME
32 STREET ADDRESS
34 CITY-ST-ZIP

4 NAME
42 STREET ADDRESS
44 CITY-ST-ZIP

5 NAME
52 STREET ADDRESS
54 CITY-ST-ZIP

6 NAME
62 STREET ADDRESS
64 CITY-ST-ZIP

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***2200.00

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 *David L Mason*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X

4-17-96

Date

X 813-282-9350

Daytime Phone #

CR2E034 (12/95)