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 # P94000005924 (3)

1. Corporate Name
HOPS OF NORTH TAMPA, INC.

Principal Place of Business
% HOPS GRILL & BAR INC.
3030 N. ROCKY POINT DR. WEST. SUITE 650
TAMPA FL 33607

Mailing Address
% HOPS GRILL & BAR INC.
3030 N. ROCKY POINT DR. WEST. SUITE 650
TAMPA FL 33607

(DO NOT WRITE IN THIS SPACE)

3. Date Incorporated / Qualified: 01/25/1994

3a. Date of Last Report:

2. Principal Place of Business (21): 1241 EAST FOWLER AVE.
Suite, Apt. # (22):
City & State (23): TAMPA, FL
ZIP (24): 33612
County (25): US

2a. Mailing Address (26):
Suite, Apt. # (27):
City & State (28):
ZIP (29):
County (30):

4. FEI Number: 59-3225209
Applied For
Not Applicable

5. Certificate of Status Desired [ ] $8.75 Additional Fee Required

6. Elector Campaign Financing Trust Fund Contribution [ ] $5.00 May Be Added to Fees

8. This Corporation has legally elected to be governed by Chapter 607, Florida Statutes. [X] Yes [ ] No

9. Name and Address of Current Registered Agent

DENHARDT, JAMES W
2700 FIRST AVENUE NORTH
ST. PETERSBURG FL 33713

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 Section(s) 607.325, 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 607.325, Florida Statutes.

SIGNATURE:

12. OFFICER AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
Title: D Name: MASON, DAVID L Street Address: 168 HARBORAGE COURT City-State-Zip: CLEARWATER FL 34630	[X] Change [ ] Addition Name: Street Address: 3055 TURTLE BROOK City-State-Zip: CLEARWATER, FL 34621
Title: D Name: SCHELLDORF, THOMAS A Street Address: 170 GREENHAVEN CIRCLE City-State-Zip: OLDSMAR FL 34677	[ ] Change [ ] Addition
Title: Name: Street Address: City-State-Zip:	[ ] Change [ ] Addition
Title: Name: Street Address: City-State-Zip:	[ ] Change [ ] Addition
Title: Name: Street Address: City-State-Zip:	[ ] Change [ ] Addition
Title: Name: Street Address: City-State-Zip:	[ ] Change [ ] Addition

14. I declare, to the best of my knowledge and belief, that the information supplied with this report is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the corporation named in this report has complied with the applicable provisions of Florida Statutes, and that its name appears in block 1, or block 1 as corrected or amended on an attachment with an address, in block 2, on the principal place of business, and in block 3, on the mailing address, which are true and correct locations. I further certify 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 9, or block 10 as corrected or amended on an attachment with an address.

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

4-30-95
Date

(813) 282-9350
Daytime Phone Number

02/92/M3 CP

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CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

APPROVED AND FILED

DOCUMENT # **P94000006088 (6)**

1. Corporation Name

SKILL BUILDERS, INC.

Principal Place of Business	Mailing Address
1101 NW 39TH AVE APT D-27 GAINESVILLE FL 32609	1101 NW 39TH AVE APT D-27 GAINESVILLE FL 32609

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/13/1994

3a. Date of Last Report

4. FEI Number: 59-3218252 — Applied For / Not Applicable

2. Principal Place of Business — 21 — 22 Suite, Apt. #, etc. — 23 City & State — 24 Zip — 25 Country

2a. Mailing Address — 26 — 27 Suite, Apt. #, etc. — 28 City & State — 29 Zip — 30 Country

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

HOWMAN, SHELLY
1101 NW 39TH AVE
APT D-27
GAINESVILLE FL 32609

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

12. OFFICERS AND DIRECTORS

TITLE	President
NAME	Shelly Howman
STREET ADDRESS	1101 NW 39th Ave D-27
CITY-ST-ZIP	Gainesville Fl 32609

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

14. I the undersigned 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; that the information indicated on the 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: Shelly Howman — 3/3/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0033924 CP