

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000006173 (6)

1. Corporation Name

HOPS OF GREATER ORLANDO, INC.



Principal Place of Business

C/O HOPS GRILL & BAR, INC.
3030 N ROCKY POINT DRIVE WEST, SUITE 650
TAMPA FL 33607

Mailing Address

C/O HOPS GRILL & BAR, INC.
3030 N ROCKY POINT DRIVE WEST, SUITE 650
TAMPA FL 33607

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified
01/25/1994

3a. Date of Last Report
05/01/1995

4. FEI Number

59-3225388

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

10. Name and Address of New Registered Agent

FOWLER WHITE GILLEN BOGGS VILLAREAL, ET AL
ATTN: R. ALAN HIGBEE, ESQ.
501 E KENNEDY BLVD., 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 (Not applicable)

NOTE: Registered Agent's signature required when not changing

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME MASON, DAVID L
STREET ADDRESS 3055 TURTLE BROOK
CITY-STATE-ZIP CLEARWATER FL

TITLE D ☐ DELETE
NAME SCHELLDORF, THOMAS A
STREET ADDRESS 170 GREENHAVEN CIRCLE
CITY-STATE-ZIP OLDSMAR FL 34677

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

3055 Turtle Brooke
CLEARWATER, FL. 34621

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

600001788516

-04/22/96--01032--018

***2200.00

☐ Change ☐ Addition

4.20

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: X

David L. Mason

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID L. MASON

X 4-17-96

X 813-282-9350

Date

Telephone

CR2E034 (12/95)