

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 # P94000006177 (7)

1. Corporation Name

HOPS OF SOUTH CENTRAL FLORIDA, INC.



Principal Place of Business

Mailing Address

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

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

3. Date Incorporated or Qualified

01/25/1994

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-3225226

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

City & State

City & State

6. Election Campaign Financing

☐

\$5.00 May Be

Added to Fees

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ☒ Yes ☐ No

24

25

29

30

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 (if applicable)

(If not) Registered Agent signature required when changing

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

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

11 TITLE ☒ Change ☐ Addition

12 NAME
13 STREET ADDRESS

3055 Turtle Brooke
CLEARWATER, FL. 34621

TITLE ☐ DELETE

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

21 TITLE ☐ Change ☐ Addition

22 NAME
23 STREET ADDRESS

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME
33 STREET ADDRESS

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME
43 STREET ADDRESS

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME
53 STREET ADDRESS

700001788507
-04/22/96--01032--018

***2200.00

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME
63 STREET ADDRESS

32
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 813-282-9250

DATE

Daytime Phone #

CR2E034 (12/95)