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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 31 AM 11:30

DOCUMENT # **P94000011769 (4)**

1. Corporation Name
HOPPER DISPOSABLE ITEMS, INC.

Principal Place of Business	Mailing Address
5454 HARBOUR CASTLE DRIVE FORT MYERS FL 33907	5454 HARBOUR CASTLE DRIVE FORT MYERS FL 33907

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/11/1994
3a. Date of Last Report:

2. Principal Place of Business — 21
2a. Mailing Address — 26
4. FEI Number: 65-0467058 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. — 22 / 27
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State — 23 / 28
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip — 24 / 29; Country — 25 / 30
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

VIDUSSI, DANA
10181 SIX MILE CYPRESS PARKWAY
SUITE A
FORT MYERS FL 33912

10. Name and Address of New Registered Agent

81 Name: RICHARD WEATHERFORD
82 Street Address (P.O. Box Number is Not Acceptable): 5454 HARBOUR CASTLE DRIVE
83
84 City: FORT MYERS FL 85 Zip Code: 33907

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] 3-22-95
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	WEATHERFORD, RICHARD	1.2 NAME	
STREET ADDRESS	5454 HARBOUR CASTLE DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS FL 33907	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	BARTON, DAVID	2.2 NAME	
STREET ADDRESS	5716 DRIFTWOOD PKWY	2.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL 33904	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	ROUBY, JERROLD B	3.2 NAME	
STREET ADDRESS	7068 NANTUCKET CIR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL 33917	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	WINTLE, ARTHUR R JR	4.2 NAME	
STREET ADDRESS	1758 WOODLAWN AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL 33901	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	FLATT, JERRY	5.2 NAME	
STREET ADDRESS	P.O. BOX 75438 N/A	5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33675	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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(3)(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: [signature] 3-22-95 813 481-9645
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date Telephone Number