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 # P94000017445 (5)

1. Corporate Name
HOPS OF FLORIDA MALL, INC.

Principal Place of Business
3030 N ROCKY POINT DR W
SUITE 650
TAMPA FL 33607

Mailing Address
3030 N ROCKY POINT DR W
SUITE 650
TAMPA FL 33607

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/28/1994
3a. Date of Last Report

2. Principal Place of Business
21
Suite Apt. # or Bldg.
22
City & State
23
Zip 24 County 25

2a. Mailing Address
26
Suite Apt. # or Bldg.
27
City & State
28
Zip 29 County 30

4. FEI Number: 59-3236319
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
DENHARDT, JAMES W
2700 1ST AVE N
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 607.0505 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 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	MASON, DAVID L
STREET ADDRESS	168 HARBORAGE CT
CITY, ST, ZIP	CLEARWATER FL 34630
TITLE	D
NAME	SCHELLDORF, THOMAS A
STREET ADDRESS	170 GREENHAVEN CIR
CITY, ST, ZIP	OLDSMAR FL 34677
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	D ☒ Change ☐ Addition
2. NAME	MASON, DAVID L.
3. STREET ADDRESS	3055 TURTLE BROOK
4. CITY, ST, ZIP	CLEARWATER, FL 34621
2. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
3. TITLE	☐ Change ☐ Addition
3. NAME	
3. STREET ADDRESS	
3. CITY, ST, ZIP	
4. TITLE	☐ Change ☐ Addition
4. NAME	
4. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	☐ Change ☐ Addition
5. NAME	
5. STREET ADDRESS	
5. CITY, ST, ZIP	
6. TITLE	☐ Change ☐ Addition
6. NAME	
6. STREET ADDRESS	
6. CITY, ST, ZIP	

14. I hereby certify 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. Further certify that the officers and directors of the corporation or the trustees or trustee employed to prepare the 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: Thomas A. Schelldorf
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-95 Date

(813) 282-9350 Daytime Phone #

0292060 CP