

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996

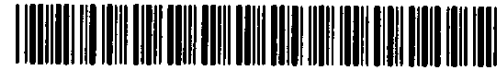


FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P94000017449 (7)

1. Corporation Name

HOPS OF PORT RICHEY, INC.



Principal Place of Business

10042 US HWY 19 NORTH  
SUITE 650  
PORT RICHEY FL 34668  
US

Mailing Address

3030 N ROCKY POINT DR W  
SUITE 650  
TAMPA FL 33607

3. Date Incorporated or Qualified  
02/28/1994

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

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-3236315

Applied For  
Not Applicable

22

Suite, Apt. #, etc.

27

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

23

City & State

28

City & State

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

24

Zip

Country

29

Zip

Country

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, ET AL.  
ATTN: R. ALAN HIGBEE  
501 EAST 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 and that of applicable

(NOTE: Registered Agent Signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☒ Change ☐ Addition

NAME

1.2 NAME

STREET ADDRESS

1.3 STREET ADDRESS

CITY-ST-ZIP

1.4 CITY-ST-ZIP

TITLE ☐ DELETE

2.1 TITLE

NAME

2.2 NAME

STREET ADDRESS

2.3 STREET ADDRESS

CITY-ST-ZIP

2.4 CITY-ST-ZIP

TITLE ☐ DELETE

3.1 TITLE

NAME

3.2 NAME

STREET ADDRESS

3.3 STREET ADDRESS

CITY-ST-ZIP

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

4.1 TITLE

NAME

4.2 NAME

STREET ADDRESS

4.3 STREET ADDRESS

CITY-ST-ZIP

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE

NAME

5.2 NAME

STREET ADDRESS

5.3 STREET ADDRESS

CITY-ST-ZIP

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE

NAME

6.2 NAME

STREET ADDRESS

6.3 STREET ADDRESS

CITY-ST-ZIP

6.4 CITY-ST-ZIP

TITLE ☐ DELETE

7.1 TITLE

NAME

7.2 NAME

STREET ADDRESS

7.3 STREET ADDRESS

CITY-ST-ZIP

7.4 CITY-ST-ZIP

TITLE ☐ DELETE

8.1 TITLE

NAME

8.2 NAME

STREET ADDRESS

8.3 STREET ADDRESS

CITY-ST-ZIP

8.4 CITY-ST-ZIP

TITLE ☐ DELETE

9.1 TITLE

NAME

9.2 NAME

STREET ADDRESS

9.3 STREET ADDRESS

CITY-ST-ZIP

9.4 CITY-ST-ZIP

TITLE ☐ DELETE

10.1 TITLE

NAME

10.2 NAME

STREET ADDRESS

10.3 STREET ADDRESS

CITY-ST-ZIP

10.4 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)(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

X 4-17-96

X 813-282-9350

DATE TELEPHONE

CR2E034 (12/95)