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FILED  
May 13 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000070278 (4)**

1. Corporation Name

**HOPS OF SOUTHWEST FLORIDA, INC.**

Principal Place of Business

**3030 N ROCKY POINT DR WEST  
SUITE 650  
TAMPA FL 33607  
US**

Mailing Address

**3030 N ROCKY POINT DR W  
SUITE 650  
TAMPA FL 33607-5906  
US**

3. Date Incorporated or Qualified

**09/16/1994**

3a. Date of Last Report

**04/20/1996**

2. Principal Place of Business

21 Suite Apt. # etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

4. FEI Number

**59-3294325**

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

**FOWLER WHITE GILLEN BOGGS VILLAREAL BANKER  
501 E KENNEDY BLVD SUITE 1700  
ATTENTION: R ALAN HIGBEE ESQ  
TAMPA FL 33602**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

10. Name and Address of New Registered Agent

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 by typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **MASON, DAVID L**  
STREET ADDRESS **3055 TURTLE BROOKE**  
CITY-ST-ZIP **CLEARWATER FL 34621**

TITLE **D** ☐ DELETE

NAME **SCHELLDORF, THOMAS A**  
STREET ADDRESS **170 GREENHAVEN CIR**  
CITY-ST-ZIP **OLDSMAR FL 34667**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **DP** ☒ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE **DV** ☒ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE **VTSD** ☐ Change ☒ Addition

3.2 NAME **TERENCE M. TERENCE**  
3.3 STREET ADDRESS **3030 N. ROCKY POINT DR. WEST, SUITE 650**  
3.4 CITY-ST-ZIP **TAMPA, FL 33607**

4.1 TITLE **D** ☐ Change ☒ Addition

4.2 NAME **TOM E. DUPREE, JR.**  
4.3 STREET ADDRESS **3030 N. ROCKY POINT DR. WEST, SUITE 650**  
4.4 CITY-ST-ZIP **TAMPA, FL 33607**

5.1 TITLE **D** ☐ Change ☒ Addition

5.2 NAME **KIRK KINSELL**  
5.3 STREET ADDRESS **3030 N. ROCKY POINT DR. WEST, SUITE 650**  
5.4 CITY-ST-ZIP **TAMPA, FL 33607**

6.1 TITLE **D** ☐ Change ☒ Addition

6.2 NAME **ERICH J. BOOTH**  
6.3 STREET ADDRESS **3030 N. ROCKY POINT DR. WEST, SUITE 650**  
6.4 CITY-ST-ZIP **TAMPA, FL 33607**

14. I do hereby certify that the information supplied with this filing 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 in an attachment with an address.

SIGNATURE: **X**

**TERENCE TERENCE**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (9/96)