

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 # P94000079542 (4)

1. Corporation Name

CYPRESS COAST CONSTRUCTION CORPORATION

Principal Place of Business

% HOPS GRILL & BAR INC.
3030 N. ROCKY POINT DR. WEST, SUITE 650
TAMPA FL 33607

Mailing Address

% HOPS GRILL & BAR INC.
3030 N. ROCKY POINT DR. WEST, SUITE 650
TAMPA FL 33607

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

24

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified

10/28/1994

3a. Date of Last Report

05/01/1995

4. FET Number

59-3276893

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

10. Name and Address of New Registered Agent

81 Name

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

83

ATTN: R. Alan Higbee, Esquire

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

Signature typed or printed name of registered agent, if applicable

DATE

12. OFFICERS AND DIRECTORS

TITLE

D

☐ DELETE

NAME

MASON, DAVID L
3055 TURTLE BROOK
CLEARWATER FL

CITY-ST-ZIP

TITLE

D

☐ DELETE

NAME

SCHELLDORF, THOMAS A
170 GREENHAVEN CIRCLE
OLDSMAR FL 34677

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

TITLE

☐ DELETE

NAME

STREET ADDRESS

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Business Phone #

CR2E034 (12/95)