

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000079542

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/28/1994

4. FEI 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 owes the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

21 2701 N. Rocky Point Dr.

Suite, Apt. #, etc.

22 300

City & State
23 Tampa, FL

Zip

24 33607

Country

25 USA

2a. Mailing Address

26 2701 N. Rocky Point Dr.

Suite, Apt. #, etc.

27 300

City & State
28 Tampa, FL

Zip

29 33607

Country

30 USA

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

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 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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME SCHELLDORF, THOMAS A
STREET ADDRESS 3030 N. ROCKY POINT DRIVE WEST SUITE #650
CITY-STATE-ZIP TAMPA FL

☐ DELETE

TITLE VTSD
NAME TERENCE, TERENCE
STREET ADDRESS 3030 N. ROCKY POINT DR. W. SUITE 650
CITY-STATE-ZIP TAMPA FL

☐ DELETE

TITLE D
NAME DUPREE, TOM E JR
STREET ADDRESS 3030 N. ROCKY POINT DR. W. SUITE 650
CITY-STATE-ZIP TAMPA FL

☐ DELETE

TITLE D
NAME KINSELL, KIRK
STREET ADDRESS 3030 N. ROCKY POINT DRIVE WEST SUITE #650
CITY-STATE-ZIP TAMPA FL

☒ DELETE

TITLE V
NAME HOLMES, WILLIAM
STREET ADDRESS 3030 N. ROCKY POINT DRIVE WEST SUITE #650
CITY-STATE-ZIP TAMPA FL 33607

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P, D
1.2 NAME Thomas A. Schellendorf
1.3 STREET ADDRESS 2701 N. Rocky Point Dr., Ste. 300
1.4 CITY-STATE-ZIP Tampa, FL 33607

☒ Change

☐ Addition

2.1 TITLE Sr. V, T, S, D
2.2 NAME Terence Terenzi
2.3 STREET ADDRESS 2701 N. Rocky Point Dr., Ste. 300
2.4 CITY-STATE-ZIP Tampa, FL 33607

☒ Change

☐ Addition

3.1 TITLE D
3.2 NAME Tom E. DuPree, Jr.
3.3 STREET ADDRESS 2701 N. Rocky Point Dr., Ste. 300
3.4 CITY-STATE-ZIP Tampa, FL 33607

☒ Change

☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

☐ Change

☐ Addition

5.1 TITLE V
5.2 NAME William Holmes
5.3 STREET ADDRESS 2701 N. Rocky Point Dr., Ste. 300
5.4 CITY-STATE-ZIP Tampa, FL 33607

☒ Change

☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

☐ Change

☐ Addition

14. I 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

813-282-9350

CR2E034 (1/98)