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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996

DIVISION OF CORPORATIONS

DOCUMENT #	P95000013595	(0)
1 Concentration Manual		

HOPPER POOLS, INC.

District of Disease	(Freinage	Mailing Address				ea hael dina	
Principal Place o 310 JACKSON LEHIGH ACRE	N AVENUE	310 JACKSON AVENUE LEHIGH ACRES FL 3393	16				
				3. Date Incorporated or Qualified 02/16/1995	3a. Date	of Last Rep	юrt
2. Pondigial Plac	ce of Business	2a. Mailing Address		4. FEI Number - 05 63 1	94	<u> </u>	oplied For
ri		26		03031	' —		ot Applicable Additional
Suite, Apt. #.	, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired		•	equired
2[City & State 3]		Oty & State		Election Campaign Financing Trust Fund Contribution		\$5.00 Added	May Be to Fees
3]. - Zip •]	Country 25	Zipi	Country 30	This corporation has liability for Florida Statutes Yes	intangible ta:	k under s 1	99.032,
4	9. Name and Address of Curre		T	10. Name and Address of New F	legistered /	lgent	
			81 Name				
HOPPER	R, FLINT P		B2 Street Add	ress (P.O. Box Number is Not Acceptate	ole)		
	KSON AVENUE		ВЭ				
LEHIGH	ACRES FL 33936		63				
			84 City		FL	85 Zip	Code
or registere familiar with	ed agent, or both, in the State of Flo h, and accept the obligations of, Sec	nda, Such change was authorizer otion 607.0505, Florida Statutes.	d by the corporation's boat	ration submits this statement for the purific of directors. I hereby accept the app	pointment as	registered :	igent. I am
12.	Signature, typed or proded name of requirement agr OFFICERS A	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OF	FICERS AND	DIRECTOR	RS IN 12
'iii.	D	DELETE	1 1 THT_E		[Cnange	☐ Addition
NAM:	Hopper, Flint P		1.2 NAME				
STREET ADDRESS	310 JACKSON AVENUE LEHIGH ACRES FL 33936		1.3 STREET ADDRESS				
DITY - ST - ZIP	I PHICH ACRES IT RRURK		(3 3 MEET ADDRESS				
	CETHORI ACITEC TE COCCO	E porti	1.4 CITY - S1 - ZIP			7 Change	☐ Addition
	LETION ACIDED TO 30000	DELETE	1.4 CT Y-ST-ZIP 2 1 TITLE			Change	Addition
NAMÉ	CETICAL ACIDED 12 00000	DELETE	1.4 CF Y - ST - ZIP 2.1 TIFLE 2.2 NAME		[☐ Change	Addition
NAME STREET ADDRESS	LLIIGHT ACREE TE GOOD	☐ DELETE	1.4 CF Y-S1-ZIP 2 1 TIFLE 2 2 NAME 2 3 STREET ADDRESS		[Change	Addition
NAME STREET ADDRESS CITY ST. ZP.	LLIION ACITED TE COSCO	☐ DELETE	1.4 CF Y - ST - ZIP 2.1 TIFLE 2.2 NAME			Change	
NAME STREET ADDRESS C.15 ST. 7.P TIRLE	LLIIGHT NOTICE TE GOOD		1.4 CF Y-S1-ZIP 2.1 TIFLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CREY-S1-ZIP				
NAME STREET ADDRESS C.T.S.F.Z.P. TREE NAME	LLIIOT NOILE TE SOSS		1.4 CL Y-S1-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CHY-S1-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS				
NAME STREET ADDRESS C.To., ST., Z.P., TREE NAME	LLIIOIT NOILE TE GOOD	DETETE	1.4 CF Y-S1-ZIP 2 1 TIFLE 22 NAME 23 STREET ADDRESS 24 CHY-S1-ZIP 3 1 TIFLE 32 NAME 33 STREET ADDRESS 34 CITY-S1-ZIP		[Change	Addition
THE NAME SHIFT ADDRESS C 15 ST 7P, THEF NAME SHIFT ADDRESS CITY ST 7P, THEF	LLIIOT NOILE TE GOOD		1.4 CF Y-S1-ZIP 2.1 TIFLE 2.2 NAME 2.3 STHEET ADDRESS 2.4 CHY-S1-ZIP 3.1 TIFLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-S1-ZIP 4.1 TIFLE		[
NAME STREET ADDRESS CTO-SE-ZP TRUE NAME STREET ADDRESS CITY-SE-ZP	LLIIGHT NOTICE TO COMM	DETETE	1.4 CF Y-S1-ZIP 2.1 TITLE 2.2 NAME 2.3 STHEET ADDRESS 2.4 CHY-S1-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-S1-ZIP 4.1 TITLE 4.2 NAME		[Change	
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NAME STREET ADDRESS C 15 ST ZP TREE NAME STREET ADDRESS GCY+ST-ZP TREE NAME		DETETE	1.4 CF Y-S1-ZIP 2.1 TITLE 2.2 NAME 2.3 STHEET ADDRESS 2.4 CHY-S1-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-S1-ZIP 4.1 TITLE 4.2 NAME		[Change	Addition

14. Ido 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 cath 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.

5.3 STREET ADDRESS

6.3 STHEET ADDRESS

5 4 City - ST - ZIP

6 1 TIFLE

62 NAME

DELETE

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF

STREET ADDRESS

STREET ADDRESS

CITY - ST-ZIF

THEF

NAM:

23-6-96-941-369-6717

Change

■ Addition

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