

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000033882 (8)

1. Corporation Name

HOPS OF SOUTHEAST FLORIDA, INC.



Principal Place of Business

3030 BIRTH ROCKY POINT DRIVE WEST  
SUITE 650  
TAMPA FL 33607

Mailing Address

3030 BIRTH ROCKY POINT DRIVE WEST  
SUITE 650  
TAMPA FL 33607

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country 30

3. Date Incorporated or Qualified  
05/01/1995

3a. Date of Last Report

4. FET Number

☒ 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  
501 EAST KENNEDY BLVD.  
SUITE 1700  
TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name  
Attn: R. Alan Higbee

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 607.1503, 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. 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 607.0503, Florida Statutes.

SIGNATURE

*R. Alan Higbee*

4-17-96

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
D	MASON, DAVID L	3055 TURTLE BROOKE	CLEARWATER FL 34621	<input type="checkbox"/>
D	SCHELDORF, THOMAS A	170 GREENHAVEN CIRCLE	OLDSMAR FL 34677	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13.

14 TITLE	15 NAME	16 STREET ADDRESS	17 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		3055 Turtle Brooke		
21 TITLE <td>22 NAME<td>23 STREET ADDRESS<td>24 CITY - ST - ZIP<td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></td></td></td>	22 NAME <td>23 STREET ADDRESS<td>24 CITY - ST - ZIP<td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></td></td>	23 STREET ADDRESS <td>24 CITY - ST - ZIP<td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></td>	24 CITY - ST - ZIP <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

*David L. Mason*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID L. MASON

4-17-96

813-282-9350

Daytime Phone

CR2E034 (12/95)