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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

## P95000086645 (5) **DOCUMENT #**

HOPS OF BOWLING GREEN, INC.

**FILED** Apr 20 1996 8:00 am Secretary of State

| - 1 12511261 110 10101 \$1411 AE(I | 15 <b>48</b> 511 <b>84</b> 164 <b>86</b> 58 | <b>                                   </b> | f Middl Alfa tadi |
|------------------------------------|---|--|-------------------|

| Principal Place of Business Mailing Address  3030 NORTH ROCKY POINT DRIVE WEST 3030 NORTH ROCKY POINT DRIVE SUITE 650  SUITE 650 |   |   | POINT DRIVE                             | WE                                     | EST        |   |   |                    |                                  |  |
|--|---|---|---|--|------------|---|---|--------------------|----------------------------------|--|
| TAMPA FL 39607   |   |   | TAMPA FL 33607                          |  |            | 3. Date Proprieted or Qualified 3a. Date of Last Report |   |                    |                                  |  |
|  |   |   |   |  |            |   | 11/13/1995  | 7                  |                                  |  |
| <u> </u>   | ace of Business   | <u> </u>  | ng Address                              |  |            | 7   | 59-3358901  | )                  | Applied For                      |  |
| Suite, Apt   | # etc   | 26 Suite  | e, Apt. #. etc.                         |  |            | ·{  |   | ·/                 | Not Applicable \$8.75 Additional |  |
| 22   | ,   | 27  | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |  |            |   | 5. Certificate of Status Desired  | <b>/</b>           | Fee Required                     |  |
| City & State   | !   | City  | & State                                 |  |            |   | 6. Election Campaign Financing  |                    | <b>\$5.00</b> May Be             |  |
| 23   |   | 28  |   | -n -a                                  |            |   | Trust Fund Contribution   |                    | Added to Fees                    |  |
| Zip  | Country 25  | Ζφ<br><b>29</b>                                       |   | Gount<br>30                            | ry         |   | 8. This corporation has liability for i   | ntangible ta<br>No | x under s. 199.032,              |  |
| 24   | 9. Name and Address of Curre  |   | Agent                                   |  |            |   | 10. Name and Address of New R   |                    | Agent                            |  |
|  |   |   |   | 8                                      | 11         | Name  |   | ***                |                                  |  |
| FOWLER   | , WHITE, GILLEN, BOGGS, VILL  | AREAL   |   | 8                                      | 12         | Street Addi   | Iress (P.O. Box Number is Not Acceptable)   |                    |                                  |  |
|  | un higbee, esq.   |   |   | ļ_                                     |            |   | · · · · · · · · · · · · · · · · · · ·   |                    |                                  |  |
|  | t Kennedy BLVD. Suite 1700  | 1   |   | 6                                      | 13         |   |   |                    |                                  |  |
| TAMPA F  | ·L 33602  |   |   | 8                                      | 4          | City  |   | FL                 | 85 Zip Code                      |  |
| or register<br>familiar wit  | ed agent, or both, in the State of Flor<br>h, and accept the obligations of, Soc<br>Synature spector parted using of register augu- | rida Such char<br>stion 607.0505,<br>duratric tapakar | nge was authori<br>Florida Statute      | red by the co<br>s.<br>off Fegi Heat A | rj.iC      | oration's boa   | ration submits this statement for the pur<br>rul of directors. Thereby accept the appointment rensuling | DATE               | registered agent. I am           |  |
| 12.  | OFFICERS AF   | ND DIRECTORS  | S DEVETE                                | 13.                                    |            |   | ADDITIONS/CHANGES TO OFF  |                    | TOTAL Addition                   |  |
| NAME   | MASON, DAVID L  |   | _ мине                                  | 1.2 NAM                                |            |   |   | ,                  | Oneinge [] Madition              |  |
| STREET ADDRESS   | 3055 URTLE BROOKE   |   |   | 13518                                  | <br>ET     | ADDRESS 3   | 55 Turtle Brooke  |                    |                                  |  |
| CITY-ST-ZIP  | CLEARWATER FL 34621   |   |   | 1.4 CiTY                               |            | T-ZIP C   | LEARWARRA, FL. 346  | 21                 |                                  |  |
| TITLE  | D   |   | DELETE                                  | 2 1 Tif:                               | E          |   |   |                    | Change Addition                  |  |
| NAME   | SCHELLDORF, THOMAS S  |   |   | 2.2 NAM                                |            |   |   |                    |                                  |  |
| STREET ADDRESS   | 170 GREENHAVEN CIRCLE OLDSMAR FL 34677  |   |   |  |            | ADDRESS   |   |                    |                                  |  |
| CITY-SI-ZIP<br>TITLE   | OLUGMAN FL 34077  |   | DELETE                                  | 24 CITY<br>3 1 TIJI                    |            | 1 · ZII <sup>2</sup>                                    |   |                    | Change Addition                  |  |
| NAME   |   |   |   | 3 2 NAM                                |            |   |   |                    |                                  |  |
| STREET ADDRESS   |   |   |   | 33 StH                                 | EET        | ADDRESS   |   |                    |                                  |  |
| CITY - ST - ZIP  |   |   |   | 3.4 City                               | ·- S       | 1 - 20F   |   |                    |                                  |  |
| THILE  |   |   | DELETE                                  | 4 1 HIL                                |            |   |   | [                  | Change Addition                  |  |
| NAME   |   |   |   | 4.2 NAV                                |            |   |   |                    |                                  |  |
| STREET ADDRESS   |   |   |   |  |            | ADDRESS   | 20000178  | 385                | 12                               |  |
| CHTY-ST-ZIP<br>TITLE   |   |   | DELETE                                  | 4.4 CHY<br>5.1 THE                     |            |   | 20000178<br>-04/22/96010  | <del>)320</del>    | Rnange Addition                  |  |
| NAME   |   |   |   | 5.2 NAV                                |            |   | ***2200.00  |                    |                                  |  |
| STREET ADDRESS   |   |   |   | 53 \$14                                | EET        | ADDRESS   |   |                    |                                  |  |
| C-TY-ST-Z:P  |   |   |   | 5.4 C-TY                               | · <u>S</u> | T - Zif'  |   |                    |                                  |  |
| TITLE  |   |   | DELETE                                  | 6 1 TH                                 | .E         |   |   | [                  | ☐ Change ☐ Addition              |  |
| NAME   |   |   |   | 6.2 NAM                                |            |   |   |                    | 27.90                            |  |
| STREET ADDRESS   |   |   |   |  |            | ADDRESS   |   |                    | 4.10                             |  |
| CITY-ST-ZIP  | i   |   |   | 6.4 C/TY                               | 4.5        | 7.6   |   |                    |                                  |  |

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 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 Brock 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

David I mon SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-96

813-282-9350