

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

FILED
May 13 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra S. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000086645 (5)**

1. Corporation Name

HOPS OF THE OHIO VALLEY, INC.



Principal Place of Business 3030 NORTH ROCKY POINT DRIVE WEST SUITE 650 TAMPA FL 33607	Mailing Address 3030 NORTH ROCKY POINT DRIVE WEST SUITE 650 TAMPA FL 33607-5806
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3. Date Incorporated or Qualified 11/13/1995	3a. Date of Last Report 04/20/1996
4. FEI Number 59-3358901	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

**FOWLER, WHITE, GILLEN, BOGGS, VILLAREAL
% R. ALAN HIGBEE, ESQ.
501 EAST KENNEDY BLVD. SUITE 1700
TAMPA FL 33602**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASON, DAVID L	1.2 NAME	
STREET ADDRESS	3055 URTLE BROOKE	1.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 34621	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	DV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHELLDORF, THOMAS S	2.2 NAME	
STREET ADDRESS	170 GREENHAVEN CIRCLE	2.3 STREET ADDRESS	
CITY-ST-ZIP	OLDSMAR FL 34877	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	VTSD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	TERENCE TERENZI
STREET ADDRESS		3.3 STREET ADDRESS	3030 N. Rocky Point Dr. West, Suite 650
CITY-ST-ZIP		3.4 CITY-ST-ZIP	TAMPA, FL 33607
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	TOM E. DUPREE, JR.
STREET ADDRESS		4.3 STREET ADDRESS	3030 N. Rocky Point Dr. West, Suite 650
CITY-ST-ZIP		4.4 CITY-ST-ZIP	TAMPA, FL 33607
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	KIRK KINSELL
STREET ADDRESS		5.3 STREET ADDRESS	3030 N. Rocky Point Dr. West, Suite 650
CITY-ST-ZIP		5.4 CITY-ST-ZIP	TAMPA, FL 33607
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	ERICH J. BOOTH
STREET ADDRESS		6.3 STREET ADDRESS	3030 N. Rocky Point Dr. West, Suite 650
CITY-ST-ZIP		6.4 CITY-ST-ZIP	TAMPA, FL 33607

14. I do 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.

SIGNATURE: *Terence Terenzi* X *4/30/97* X *813-22-4350*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)