


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

**FILED**  
**Mar 16, 1999 8:00 am**  
**Secretary of State**

03-16-1999 90064 034 \*\*\*158.75

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<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P95000086645</b>					
1. Corporation Name <b>HOPS OF THE OHIO VALLEY, INC.</b>					
Principal Place of Business <b>3030 NORTH ROCKY POINT DRIVE WEST SUITE-650 TAMPA FL 33607</b>			Mailing Address <b>3030 NORTH ROCKY POINT DRIVE WEST SUITE-650 TAMPA FL 33607</b>		
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 21 <b>2701 N. Rocky Point Dr.</b>		2a. Mailing Address 26 <b>2701 N. Rocky Point Dr.</b>		3. Date Incorporated or Qualified <b>11/13/1995</b>	
Suite, Apt. #, etc. 22 <b>300</b>		Suite, Apt. #, etc. 27 <b>300</b>		4. FEI Number <b>59-3358901</b>	
City & State 23 <b>Tampa, FL</b>		City & State 28 <b>Tampa, FL</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
Zip Country 24 <b>33607</b> 25 <b>USA</b>		Zip Country 29 <b>33607</b> 30 <b>USA</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
9. Name and Address of Current Registered Agent <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301</b>			10. Name and Address of New Registered Agent		
			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		
			84 City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
1.1 TITLE <input type="checkbox"/> DELETE					
1.2 NAME <b>SCHELLDORF, THOMAS S</b>					
1.3 STREET ADDRESS <b>3030 N ROCKY POINT DRIVE WEST SUITE #650</b>					
1.4 CITY-ST-ZIP <b>TAMPA FL</b>					
2.1 TITLE <input type="checkbox"/> DELETE					
2.2 NAME <b>TERENZI, TERENCE</b>					
2.3 STREET ADDRESS <b>3030 N ROCKY POINT DR W SUITE 650</b>					
2.4 CITY-ST-ZIP <b>TAMPA FL</b>					
3.1 TITLE <input type="checkbox"/> DELETE					
3.2 NAME <b>DUPREE, TOM E JR</b>					
3.3 STREET ADDRESS <b>3030 N ROCKY POINT DR W SUITE 650</b>					
3.4 CITY-ST-ZIP <b>TAMPA FL</b>					
4.1 TITLE <input checked="" type="checkbox"/> DELETE					
4.2 NAME <b>KINSELL, KIRK</b>					
4.3 STREET ADDRESS <b>3030 N ROCKY POINT DR W SUITE 650</b>					
4.4 CITY-ST-ZIP <b>TAMPA FL</b>					
5.1 TITLE <input type="checkbox"/> DELETE					
5.2 NAME <b>BOOTH, ERICH J</b>					
5.3 STREET ADDRESS <b>3030 N ROCKY POINT DR W SUITE 650</b>					
5.4 CITY-ST-ZIP <b>TAMPA FL</b>					
6.1 TITLE <input type="checkbox"/> DELETE					
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					



CR2E034 (11/98)

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