

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000028308

1. Corporation Name

HIPP INDUSTRIES, INC.

Principal Place of Business

518 DOUGLAS AVE STE 1224
ALTAMONTE SPRINGS FL 32714

Mailing Address

518 DOUGLAS AVE STE 1224
ALTAMONTE SPRINGS FL 32714

FILED
Apr 07, 1999 8:00 am
Secretary of State

04-07-1999 90103 041 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/25/1996

4. FEI Number

59-3368335

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fees Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 P.O. Box 35064
Suite, Apt. #, etc.

23 City & State

27 City & State

Siesta Key, FL

24 Zip

Country

28 Zip

Country

34278

USA

9. Name and Address of Current Registered Agent

POCHEDLEY, DANIEL R
518 DOUGLAS AVE STE 1224
ALTAMONTE SPRINGS FL 32714

81 Name

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 607.1508, 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

TITLE	PT	<input type="checkbox"/> DELETE
NAME	POCHEDLEY, DANIEL R	
STREET ADDRESS	518 DOUGLAS AVE STE 1224	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	GUSTAVO, RIZZETTO	
STREET ADDRESS	518 DOUGLAS AVE STE 1224	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	BRADLEY, PRESTON	
STREET ADDRESS	518 DOUGLAS AVE, STE 1224	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	
TITLE	Shouvin, Michael	<input type="checkbox"/> DELETE
NAME	P.O. Box 35064	
STREET ADDRESS	Siesta Key, FL	
CITY-ST-ZIP	34278	
TITLE	Shouvin, Patricia	<input type="checkbox"/> DELETE
NAME	P.O. Box 35064	
STREET ADDRESS	Siesta Key, FL	
CITY-ST-ZIP	34278	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 REQUIRED

Date

Daytime Phone #

2-26-99

CR2E034 (1/1/98)