

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90007 026 ***150.00

**PROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # P96000071909

1. Corporation Name
HOOP HOLDINGS, INC.

Principal Place of Business

1426 SE FT. KING ST.
 APT. M33
 MCINNIVILLE TN 37110
 US

Mailing Address

204 VINEWOOD ROAD
 APT. M33
 MCINNIVILLE TN 37110
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/27/1996

4. FEI Number

59-3397886

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Election Campaign Financing

☐

\$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

21 Suits, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suits, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

WAGGONER, CARY G CPA
 420 S.E. EIGHTH ST
 OCALA FL 34471

10. Name and Address of New Registered Agent

81 Name **STEVE WEITLAUF**

82 Street Address (P.O. Box Number is Not Acceptable)

83 **4701 SE 40TH COURT**

84 City

OCALA

FL

85

Zip Code

34480

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)

STEVE WEITLAUF

05/08/99

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **HOOP, EARL F. JR.**
 STREET ADDRESS **204 VINEWOOD ROAD**
 CITY-ST-ZIP **MCINNIVILLE TN 37110**

TITLE ☐ DELETE

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
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TITLE ☐ DELETE

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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: *Earl F. Hoop* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-99

Date

931-473-7191

Daytime Phone #

CR2E034 (1/98)