

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # **P98000002426**

1. Corporation Name

HOFF OF ST. AUGUSTINE, INC.

Principal Place of Business

**3 CORDOVA STRET
ST. AUGUSTINE FL 32085**

Mailing Address

**3 CORDOVA STRET
ST. AUGUSTINE FL 32085**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/09/1998

4. FEI Number

59-3478545

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee 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. ☐ Yes ☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

25

2a. Mailing Address

26

4100 TALL TREES LANE

Suite, Apt. #, etc.

27

City & State

28

ST. AUGUSTINE, FL

Zip

29

32086

Country

30

US

9. Name and Address of Current Registered Agent

**PELLICER, CHARLES E
28 CORDOVA STREET
ST. AUGUSTINE FL 32085**

10. Name and Address of New Registered Agent

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 **RANDALL G. HOFF**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7/9/99

12. OFFICERS AND DIRECTORS

TITLE **DP** ☐ DELETE

NAME **HOFF, RANDY**

STREET ADDRESS **3621 FT. PEYTON CIRCLE**

CITY-ST-ZIP **ST. AUGUSTINE FL 32084**

TITLE **DST** ☐ DELETE

NAME **HOFF, LISA**

STREET ADDRESS **3621 FT. PEYTON CIRCLE**

CITY-ST-ZIP **ST. AUGUSTINE FL 32084**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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 **DP** ☒ Change ☐ Addition

1.2 NAME

RANDALL G HOFF

4100 TALL TREES LANE

ST. AUGUSTINE, FL 32086

2.1 TITLE **DST** ☒ Change ☐ Addition

2.2 NAME

LISA HOFF

4100 TALL TREES LANE

ST. AUGUSTINE, FL 32086

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.

SIGNATURE:

RANDALL G. HOFF

7/9/99

904-797-6039

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)

590032-90017-38
P98000002426

July 7, 1999

Florida Dept. of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

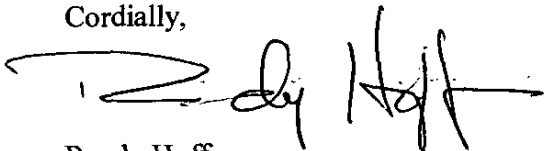
Please accept our Annual Report now as we did not receive a first notice.

This is our first year to renew and somehow we missed it. There are 5 other businesses in our building. Apparently they are getting some of our mail. Please note that we are changing our mailing address. We hope this will take care of the problem.

We have a track record of paying our bills in a timely manner. This is one we certainly want to be current with.

Thank you for your consideration.

Cordially,

A handwritten signature in black ink, appearing to read "Randy Hoff", with a long horizontal line extending to the right.

Randy Hoff

City Gate's Café
4100 Tall Trees Lane
St. Augustine, FL 32086