PROFIT CORPORATION ANNUAL REPORT

1999



DOCUMENT # P98000031845

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

May 05, 1999 8:00 am Secretary of State

05-05-1999 90129 043 ***150.00

HOPPER'S CONSTRUCTION, INC.	
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Principal Plac	e of Business	Mailing Address			Liftillite vist in it it is in it is in it is in an it a bit an	Till Alles stifft Heat saits &	1641 2111 1641
P.O. BOX 292		P.O. BOX 292					
SAN MATEO FL 32187 SAN MATEO FL 32187		DO NOT WRITE IN THIS SPACE					
					3. Date Incorporated or Qualified		
					04/06/1998		j
2 Principal P	Place of Business	2a. Mailing Address		·	4. FEI Number	Api	plied For
21/36	E. Erd Road	26 PO BOX 2	42	•	591648130	Not	t Applicable
Suite, Apt.		Curto Ant # atc.		1	5. Certificate of Status Desired	ղ \$8.75_∧	
22		27 126 E.EN	rd Koz	0	2,	Fee Re	
City & Stal	· · · · · · · · · · · · · · · · · · ·	City a State	ON E	7.	8. Election Campaign Financing	. Added to	
23 - Jan	Mateu, PL.	28 20 /// 28.	Country	Learn	Trust Fund Contribution		o rees
Zip	87 25 PutNAM	27.89	30 Put	Vam	This corporation owes the current Personal Property Tax.	Yes ☐ Yes	□No
24 SOL [9. Name and Address of Curren	t Registered Apent	30 P 62 11		10. Name and Address of New Reg	istered Agent	
	g. Hattig and Address of Conten	regional Agent	81	Name	174		
HOP	PPER, PAUL T SR		أجوأ		THE THOPPEN, SI		{
	EAST END ROAD		82	Street Add	ress (P.O. Box Number is Not Acceptable	<u> </u>	
	MATEO FL 32187		83		AIA		
							 _
· ·			84	City Sign	1) Mitan	FL 85 ₹2	220
44 8	to the provisions of Sections 6/17 060	2 and 607 1508 Florida Statuts	s the above	-named corr	poration submits this statement for the put	nose of changing its	registered
office or	registered agent, or both, in the State	of Florida. Such change was at	thorized by	the corporati	ion's board of directors. I hereby accept the	e appointment as rec	jistered
agent. I a	em familiar with, and accept the oblige	tions of, Section 607.0505, Flor	iga Statutes.				1
SIGNATURE	N/D	AND TO	Davistani Azari	simpetura Paralli	ad when minstating)	DATE	[
12.	Signature, typed or printed name of registered age	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTO	RS IN 12
TILE	D	DELETE	1.1 TITLE			☐ Change	Addition
NAME	HOPPER, PAUL T SR		12 NAME			•	ļ
j			1.3 STREET	ADDRESS			ł
STREET ADDRESS	SAN MATEO FL 32187		1.4 CITY-ST				
TITLE	SAN MATEU FL 32101	☐ DELETE	21 TITLE	-		☐ Change	Addition
1	1	2 ,	22 NAME	İ	•		í
NAME			23 STREET	AUDOLOG			
STREET ADDRESS				J	 .		1
CITY-ST-ZIP	<u> </u>	☐ ØELETE	2.4 CITY-ST 3.1 TITLE	-25		☐ Change	Addition
TITLE		Cherrie	3.2 NAME			<u> </u>	_
NAME				A000000			- 1
STREET ADDRESS			3.3 STREET	1	<u> </u>		
CITY-ST-ZIP	ļ. —	☐ DELETE	3.4. CITY-\$1 4.1 TITLE	1-ZIP		Change	[] Addition
TITLE	‡	C. Dereie		1			~
NAME	1		4.2 NAME				
STREET ADDRESS	6		A.3 STREET				۵
CITY-ST-ZIP		7 80.5	4.4 CITY-ST	·ZIP		☐ Change	Addition
} ππ.ε	}	☐ DÉLETE	5.1 TITLE	1		مورسد د	
NAME	1		5.2 NAME	4000000			
STREET ADDRESS	\$		5.3 STREET				
CITY-ST-ZEP			5.4 CITY-ST	-ZIP		Chann	Addition
TILE	1	☐ DELETE	6.1 TITLE			Change	C) AUGINON
NAME	Į.		62 NAME	}			
	1		6.3 STREET	VIVUOEGG [

6.4 CITY-ST-ZIP 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 13 if changed, or on an attachment withpan address, with all other the empowered.

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STREET ADDRESS

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