

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S05389

(9)

1. Corporation Name

HI HAT PRODUCTIONS, INC.

Principal Place of Business

% RICHARD HOPKINS
1650 PINE TREE LANE
SARASOTA FL 34236

Mailing Address

% RICHARD HOPKINS
1650 PINE TREE LANE
SARASOTA FL 34236

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/08/1990

3a. Date of Last Report

05/01/1994

4. FEI Number

1465-0223381

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution

☐

Added to Fees

8. This corporation has liability for intangible tax under ss. 193.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 800 S. Blvd of Presidents

2a. Mailing Address

26 800 S. Blvd of Presidents

Suite, Apt. #, etc.

22 #14

Suite, Apt. #, etc.

27 #14

City & State

23 Sarasota, FL

City & State

28 Sarasota, FL

Zip

24 34236

Country

25 Sarasota

Zip

29 34236

Country

30 Sarasota

9. Name and Address of Current Registered Agent

**HOPKINS, RICHARD
800 S BLVD OF PRESIDENTS #14
SARASOTA FL 34236**

10. Name and Address of Now 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

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

(NOTE: Registered Agent signature required when terminating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	HOPKINS, RICHARD
STREET ADDRESS	800 S BLVD OF PRESIDENTS #14
CITY - ST - ZIP	SARASOTA FL
TITLE	TD
NAME	REGEN, EZRA
STREET ADDRESS	315 MORNINGSIDE DRIVE
CITY - ST - ZIP	SARASOTA FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 in an attachment with an address.

SIGNATURE:

Richard Hopkins

4/25/95

(813)366-9017

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number