

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
✓ 1996



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

DOCUMENT # V10636

(1)

1. Corporation Name

ORCORP HOP-IN, INC.



Principal Place of Business

46 N WASHINGTON BLVD  
STE 13  
SARASOTA FL 34237

Mailing Address

46 N WASHINGTON BLVD  
STE 13  
SARASOTA FL 34237

3. Date Incorporated or Qualified  
01/30/1992

3a. Date of Last Report  
05/01/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

34236

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

34236

Country

4. FEI Number

54-1629255

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 has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BAILY, J. EDGAR  
46 N WASHINGTON BLVD  
STE 13  
SARASOTA FL 34236

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

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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

DT  
PETTIT, DALE A  
10 COMMANDER BLVD.  
SCARBOROUGH ONTARIO

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

P  
RIDOUT, DEREK M  
10 COMMANDER BLVD.  
SCARBOROUGH ON

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

S  
COOK, MAUREEN I  
10 COMMANDER BLVD.  
SCARBOROUGH ON

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

AT  
HURST, LARRY M  
10 COMMANDER BLVD.  
SCARBOROUGH ON

☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

☐ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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 on an attachment with an address.

(416)

SIGNATURE:

*Maureen I. Cook*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Maureen I. Cook, Secretary

April 25/96 291-4441

Date

Daytime Phone #

CR2E034 (12/95)