

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**FILED**  
**Apr 14, 1999 8:00 am**  
**Secretary of State**

04-14-1999 90037 015 \*\*\*\*61.25

**DOCUMENT # 755055**

1. Corporation Name

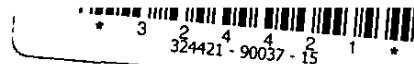
**HILLSBOROUGH COUNTY AGRICULTURAL POLITICAL ACTION COMMITTEE, INC.**

Principal Place of Business

ACTION COMMITTEE, INC.  
100 S MULRENNAN ROAD  
VALRICO FL 33594-3933

Mailing Address

ACTION COMMITTEE, INC.  
100 S MULRENNAN ROAD  
VALRICO FL 33594-3933



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

11/07/1980

4. FEI Number

59-2079401

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

9. Name and Address of Current Registered Agent

CARLTON, DENNIS  
100 S. MULRENNAN RD.  
VALRICO FL 33594-3933

10. Name and Address of New Registered Agent

81 Name

Cheryl Hukle

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

100 S. Mulrennan Rd.

83

84 City Valrico,

FL

85 Zip Code 33594

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Cheryl Hukle*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-7-99

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME CARLTON, DENNIS  
STREET ADDRESS 100 S. MULRENNAN RD.  
CITY-ST-ZIP VALRICO FL 33594 ☒ DELETE

TITLE VPD  
NAME O'HARA, RON  
STREET ADDRESS 131333 LEWIS GALLAGHER RD.  
CITY-ST-ZIP DOVER FL 33527 1507 ☒ DELETE

TITLE TD  
NAME DAVIS, CARL B.  
STREET ADDRESS 3307 N GALLAGHER RD  
CITY-ST-ZIP DOVER FL 33527 ☐ DELETE

TITLE SD  
NAME HINTON, JEMY  
STREET ADDRESS 1610 N. TAYLOR RD.  
CITY-ST-ZIP BRANDON FL 33510-2180 ☐ 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 PD ☒ Change ☐ Addition  
1.2 NAME Cheryl Hukle  
1.3 STREET ADDRESS 100 S. Mulrennan Rd.  
1.4 CITY-ST-ZIP Valrico, FL 33594

2.1 TITLE VPD ☒ Change ☐ Addition  
2.2 NAME Ruis Drawdy  
2.3 STREET ADDRESS 1507 Williams Rd.  
2.4 CITY-ST-ZIP Plant City, FL 33565

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 617, 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: *Cheryl Hukle*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-7-99 8136215717  
Date Daytime Phone #

0049127

CR2E037 (11/98)