

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 # 418358 (8)

1. Corporation Name

HILLSBOROUGH PROPERTIES, INC.



Principal Place of Business

Mailing Address

4113 NEBRASKA AVENUE  
~~PO BOX 7598~~  
TAMPA FL 33603-4325

4113 NEBRASKA AVENUE  
~~PO BOX 7606~~  
TAMPA FL 33603-4325

2. Principal Place of Business

2a. Mailing Address

21 4113 NEBRASKA AVENUE

26 4113 NEBRASKA AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 TAMPA FL

28 TAMPA FL

Zip 33603-4325

City Hillsborough

Zip 33603-4325

City Hillsborough

9. Name and Address of Current Registered Agent

LORENZO, LEO A  
4113 NEBRASKA AV  
TAMPA FL 33603

3. Date Incorporated or Qualified

02/10/1973

3a. Date of Last Report

05/01/1995

4. FEI Number

59-1499029

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

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 then manually

(Typed) Registered Agent's signature required when not in person

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

PD  
LORENZO, LEO A.  
2609 HAWTHORNE CIRCLE  
TAMPA FL

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

VD  
LORENZO, LEONARD W.  
6000 RIVER TERR.  
TAMPA FL

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

SD  
GRANT, WILLIE J.  
1224 E. OSBORNE AVE.  
TAMPA FL

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

☐ 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, changed, or on an attachment with an address.

SIGNATURE:

*Leo A. Lorenzo, President*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER, OFFICER OR DIRECTOR

4-17-96

813 232-5791

Date

Daytime Phone #

CR2E034 (12/95)