FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

814141

(8)

HILLSBOROUGH UTILITIES CORPORATION

Principal Place of Business

Mailing Address

FILED Feb 20 1998 8:00am Secretary of State



Trinoipartiac	0 01 50011000	maining riddicos					
411 RIVER BAY DRIVE TAMPA FL 33619		411 RIVER BAY DRIVE Tampa Fl 33619			DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified		
A 622-110	United the state of the state o	Ad-Star California			01/07/1960		
	lace of Business	2a. Mailing Address			4. FEI Number Applied For Not Applicable		
21	4	Suita Ant III ala					
Suite, Apt. #, etc.		Suite, Apt. #, etc.	27		5. Certificate of Status Desired S8.75 Additional Fee Required		
City & State		City & State	City & State		6. Election Campaign Financing \$5.00 May B	3ө	
23		28			Trust Fund Contribution Added to Fee		
Zip			Countr	У	8. This corporation owes or has paid the current year Intanoib	ا حج ہ	
24	25 29 :		30		Personal Property Tax due June 30. Yes No		
		ent Registered Agent		Later	10. Name and Address of New Registered Agent		
	SCALI,FRANK C		81	Name		İ	
411	i rive r bay drive		82	Street Ad	Idress (P.O. Box Number is Not Acceptable)	\neg	
TAI	MPA FL 33619		_				
			83	ľ			
			84	City	FL 85 Zip Code		
44 Purcuant	to the provisions of Sections 607.05	02 and 607 1508. Florida Statutes	the abov	e-named co	prporation submits this statement for the purpose of changing its regis	stered	
office or r	egistered agent, or both, in the Statem familiar with, and accept the oblid	e of Florida. Such change was au	thorized b	v the corpor	ration's board of directors. Thereby accept the appointment as registr	ered	
agent. i a	m tamiliar with, and accept the oblig	gations of, Section 607.0505, Flori	da Siaiule	s.			
SIGNATURE	Signature typed or printed name of registered as	report and title if applicable VNOTE	Registered Ac	ent signature rec	guired whon reinstating) DATE	— I.	
12.		ND DIRECTORS	13.	orn aignature roc	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1		
TITLE	PD	DELETE	1,1 TITLE			Addition 3	
NAME	MASCALI, FRANK C.		1,2 NAME				
STREET ADDRESS	314 CAMBRIDGE PL.			T ADDRESS		[8	
	BRANDON FL		l				
CITY-ST-ZIP TITLE	VD VD	DELETE	1.4 CITY-: 2.1 TITLE	51-ZIP	☐ Change ☐ #	Addition	
	' -		1	Į.	orange		
NAME	MASCALI, RICHARD		2.2 NAME				
STREET ADDRESS	6 MT HOLLY DRIVE			T ADDRESS			
CITY-ST-ZIP	RYE NY	DELETE	2. 4 CITY-	ST-ZIP	☐ Change ☐ A	Addition	
TITLE	SD EMPERE DOG OPEO	רון טנדבונ	3.1 TITLE		□ change □ F	aution	
NAME	FAIRFIELD, DOLORES		3.2 NAME				
STREET ADDRESS	7974 SAILBOAT KEY BLVD			T ADDRESS			
CITY-ST-ZIP	<u>S PASADENA FL</u>	Docume	3.4. CITY -	ST-ZIP		Laure .	
TITLE		☐ DELETE	4.1 TITLE		L] Change L] A	Addition	
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREE	T ADDRESS			
CITY-ST-ZIP			4.4 CITY-:	SI - ZIP			
TITLE		☐ DELETE	5.1 117LE		☐ Change ☐ A	Addition	
NAME			5.2 NAME			ļ	
STREET ADDRESS			5.3 STREE	T ADDRESS			
CITY-ST-ZIP			5.4 CITY-	ST-ZIP			
TITLE		DELETE	6.1 TITLE		☐ Change ☐ A	Addition	
NAME			6.2 NAME]			
STREET ADDRESS			1	ADDRESS		1	
CITY-ST-ZIP		1	6.4 CITY-				
	pertify that the information supplied y	with this filing does not qualify for			in Section 119 07/3Vi). Florida Statutes. I further certify that the inform	nation	

1. Thereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(). Florida Statutes. I further certify that the informatio indicated on this annual report or supplemental annual report is true and a courage and that my signature shall have the same legal effect as if made under eath, that I am an officer or director of the corporation or the faceiver 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 of an attainment with an address.

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2/9/98 621-109