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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90125 010 ***150.00

DOCUMENT # 814141

HILLSBOROUGH UTILITIES CORPORATION

Principal Place of Business Mailing Address						# 100% 100%	\$\$1 01861 18811 0 10	88) 1181 B181† B1	18	
411 RIVER BAY DRIVE TAMPA FL 33619		411 RIVER BAY DR TAMPA FL 33619	411 RIVER BAY DRIVE TAMPA FL 33619				O NOT WRIT	TE IN THIS	SPACE	
						3. Date Incorporated 01/07/1960	or Qualifed			
2. Principal Pl	lace of Business	2a. Mailing Addres	SS			4. FEI Number			Ap	plied For
21		26				59-0913856				t Applicable
Suite, Apt. i	#, etc.	Suite, Apt. #, e	etc.			5. Certifcate of State	us Desired		\$8.75 A	
22		27					. —	Fee Re	· · · · · · · · · · · · · · · · · · ·	
City & State		City & State			6. Election Campaig			\$5.00	•	
23		28		`mtm.		Trust Fund Contri		* 1-4-	Added t	o Fees
Zip 24	Country 25	Zip 29	30	Country		8. This corporation of Personal Property		ent year Int		□No
	9. Name and Address of Currer	nt Registered Agent				10. Name and Addre	ess of New R	Registered /	Agent	
	0414 FBANII/ A		•	81	Name					
MASCALI,FRANK C 411 RIVER BAY DRIVE				82	Street	Address (P.O. Box Number is	ress (P.O. Box Number is Not Acceptable)			
TAM	PA FL 33619		•	83						
				84	City				85 Zip C	Code
					•			<u> </u>		
11. Pursuant t	to the provisions of Sections 607.050 egistered agent, or both, in the State)2 and 607.1508, Florida	Statutes, the	above	-named	corporation submits this state	ement for the	purpose of	changing its	registered aistered
(2) 111 20 LUT 10	egistered agent, or bout, in the state	Of Florida. Such Grange	J Was audione	ZGU Dy		DIALIDITA DOGLA OL GILOSSO	110100, 0011,	or the sept		3.0
agent. I ar	m familiar with, and accept the obliga	ations of, Section 607.05	505, Florida St	tatutes.						
agent. I ar SIGNATURE	m familiar with, and accept the obliga		505, Florida St	tatutes.	•					
agent. I ar	m familiar with, and accept the obligation of th	ent and title if applicable.	(NOTE: Registe	tatutes. ered Agen	•	required when reinstating)	GES TO OF	DATE FICERS AN	D DIRECTO	DRS IN 12
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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 exempte 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS